

Fill in this information to identify the case:

Debtor name Ponderay Newsprint Company

United States Bankruptcy Court for the: EASTERN DISTRICT OF WASHINGTON

Case number (if known) 20-01309

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 29, 2020

X /s/ Myron L. Johnson

Signature of individual signing on behalf of debtor

Myron L. Johnson

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Ponderay Newsprint Company**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**Case number (if known) **20-01309**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 60,628,829.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 18,415,691.36
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 79,044,520.36

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 36,758,206.14
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 21,134,201.28
4. Total liabilities Lines 2 + 3a + 3b	\$ 57,892,407.42

Fill in this information to identify the case:Debtor name **Ponderay Newsprint Company**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**Case number (if known) **20-01309**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest**

2. Cash on hand Prepaid Credit Cards			\$7,500.00
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
	Wells Fargo		
	Cash Deposit		
	January 7, 2010 Collateral Trust Agreement in favor of Public Utility District No. 1 of Pend Oreille County, Washington		
3.1.	Wells Fargo	Cash Collateral	3500
			\$10,000,000.00
3.2.	Well Fargo	Operating	6634
			\$1,190,260.00
3.3.	Wells Fargo	Lockbox	6642
			\$105,436.00
3.4.	Wells Fargo	A/P Disbursement	1529
			\$0.00
3.5.	Capital One Bank	Deposit Account	8215
			\$50,000.00

4. Other cash equivalents (Identify all)

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5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$11,353,196.00

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Goods and Service Tax Deposit** **\$24,550.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **Prepaid property insurance as of 2/29** **\$612,337.27**

8.2. **Estimated prepaid power costs Public Utility District No. 1 Pend Oreille County through water year ending July 31, 2020** **\$1,415,591.00**

8.3. **Prepaid waste water permit fee Washington State Department of Ecology** **\$10,017.09**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$2,062,495.36

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable Estimated**

11a. 90 days old or less: **5,000,000.00** - **0.00** = **\$5,000,000.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,000,000.00

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

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- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials Raw materials inventory	5/30/2020	\$1,679,000.00	N/A	Unknown
20.	Work in progress Work in progress inventory	5/30/2020	\$54,000.00	N/A	Unknown
21.	Finished goods, including goods held for resale Finished good inventory	5/20/2020	\$1,651,000.00	N/A	Unknown
22.	Other inventory or supplies Other inventory or supplies		\$11,526,000.00	N/A	Unknown

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

- ☐ No
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
☒ Yes. Book value 0.00 Valuation method _____ Current Value 0.00

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			

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All office furniture/fixtures/small appliances/computer equipment listed on personal property tax with Pend Oreille County Assessor

\$517,416.00

N/A

Unknown

40. **Office fixtures**
Included in answer to Question 39. **\$0.00** **\$0.00**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Included in answer to Question 39. **\$0.00** **\$0.00**

42. **Collectibles** *Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles*

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86. **\$0.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. **1991 Ford F350**

2005 Chev 3500 Quad Cab

1984 International

1993 4x4 F150 (gray)

[fully depreciated]

1997 4x4 General Use (white)

2005 Ford F250 Quad Cab

2007 Dodge Ram 1500

1989 Chev K2500 4x4

\$0.00

N/A

Unknown

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

48.1. **Small aluminum rowboat for checking water at water treatment plant.**

Unknown

Unknown

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49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Machinery, equipment

\$9,838,439.00

N/A

Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **Net Book Values**

2/29/2020

Land \$682,903.37

Land Improvements

\$59,696.12

Buildings \$2,818,461

Assessed Values:

Land - \$1449731.00

Structures -

\$59179098.00

Fee simple

\$3,561,906.00

Assessed

\$60,628,829.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$60,628,829.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☐ No

☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>ponderaynewsprint.com</u>	<u>\$1.00</u>		<u>Unknown</u>

62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$11,353,196.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$2,062,495.36</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$5,000,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$60,628,829.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$18,415,691.36</u>	+ 91b. <u>\$60,628,829.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$79,044,520.36</u>

Fill in this information to identify the case:

Debtor name **Ponderay Newsprint Company**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**

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☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	American Agcredit, PCA <small>Creditor's Name</small> 200 Concourse Boulevard Santa Rosa, CA 95402 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets of debtor. Describe the lien WA DOL UCC1 201018073004 Exp. 6/29/20205 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,507,338.57	\$18,415,691.00

2.2	Applied Industrial Tech. Inc. <small>Creditor's Name</small> One Applied Plaza - East 36th Street & Euclid Avenue Cleveland, OH 44115 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Equipment consigned or shipped pursuant to Consignment Agreement dated December 23, 2002. Describe the lien WA DOL UCC 1 200316811615 Exp. 6/17/2023 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$15,000.00	Unknown
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☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 Capital One NA

Creditor's Name

**P.O. Box 6002
New Orleans, LA
70160-0024**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$9,500.00

\$50,000.00

Describe the lien

2/18/2020 Assignment of Deposit Account

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

**2.4 Public Utility District No. 1
Pend**

Creditor's Name

**Oreille County F. Colin
Willenbrock
130 N. Washington
Newport, WA 99156**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$32,226,367.57

\$10,000,000.00

Cash Collateral

Describe the lien

01/07/2010 Collateral Trust Agreement

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent
☒ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$36,758,206.
14**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

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Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Ponderay Newsprint Company**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**Case number (if known) **20-01309**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ACKERMAN, JESSE A 1005 E 2ND AVE POST FALLS, ID 83854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.2	Nonpriority creditor's name and mailing address ACKLEY, JACOB RYAN 1862 PETERSON ROAD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.3	Nonpriority creditor's name and mailing address ACTION AUTO SUPPLY INC PO BOX 368 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$239.95
3.4	Nonpriority creditor's name and mailing address AHRENS, RICHARD L 6021 LECLERC RD S NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00

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3.5	Nonpriority creditor's name and mailing address AIRSAN CORP 4554 WOOLWORTH AVE W MILWAUKEE, WI 53218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$832.22
3.6	Nonpriority creditor's name and mailing address AKRE LOGGING PO BOX 1462 PRIEST RIVER, ID 83856-1462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,397.27
3.7	Nonpriority creditor's name and mailing address ALBANY INTERNATIONAL PO BOX 1939 APPLETON, WI 54912-1939 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,466.00
3.8	Nonpriority creditor's name and mailing address ALDATA SOFTWARE MANAGEMENT 855-2 ST SW SUITE 350 CALGARY, AB T2P 4K1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,185.00
3.9	Nonpriority creditor's name and mailing address ALEXANDER, MICHAEL W 33710 N. ELK-CHATTAROY RD ELK, WA 99009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address ALLAN CRAMER LOGGING, INC 586 WOODLAND DRIVE SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,786.34
3.11	Nonpriority creditor's name and mailing address ALLEN, MICHAEL D 360 MISTY RIDGE LANE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.12	Nonpriority creditor's name and mailing address ALLIED ELECTRONICS INC DBA ALLIED ELECTRONICS & AUTOMATION 7151 FORT WORTH, TX 76118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.77
3.13	Nonpriority creditor's name and mailing address ALLISON, JOHN DOUGLAS 12 SKOOKUM MEADOW DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address ALLISON-BROCK INC PO BOX 8727 ROANOKE, VA 24014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,192.82
3.15	Nonpriority creditor's name and mailing address AMBURGEY, CHARLES C 319 WATERTOWER LANE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.16	Nonpriority creditor's name and mailing address American Agcredit, PCA 200 Concourse Boulevard Santa Rosa, CA 95402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PPP loan used in compliance with requirements Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,464,410.00
3.17	Nonpriority creditor's name and mailing address ANDRITZ FABRICS AND ROLLS IN 62669 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0669 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,702.26
3.18	Nonpriority creditor's name and mailing address APPLIED INDUSTRIAL TECHNOLOG 301 FRANCHER RD N SPOKANE VALLEY, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,338.08

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3.19	Nonpriority creditor's name and mailing address APPLIED INDUSTRIAL TECHNOLOG 301 FANCHER RD N SPOKANE, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,280.27
3.20	Nonpriority creditor's name and mailing address Ardwin Freight 2940 N. HOLLYWOOD WAY Burbank, CA 91505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,588.40
3.21	Nonpriority creditor's name and mailing address ARMOUR, PAT 3237 LOTZE LOOP COEUR D'ALENE, ID 83815 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22	Nonpriority creditor's name and mailing address Armstrong Transport Group, Inc. PO BOX 560687 Charlotte, NC 28256 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,691.72
3.23	Nonpriority creditor's name and mailing address ASCENSUS SPECIALTIES LLC 2821 NORTHUP WAY SUITE 275 BELLEVUE, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,310.72
3.24	Nonpriority creditor's name and mailing address ASTEN JOHNSON DRYER FABRICS 4399 CORPORATE ROAD CHARLESTON, SC 29405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143,771.50
3.25	Nonpriority creditor's name and mailing address AUSTIN KROGH 6001 HIGHWAY 211 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$389.16

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3.26	Nonpriority creditor's name and mailing address AUSTIN, DANNY E 1165 N HARLEQUIN DRIVE POST FALLS, ID 83854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.27	Nonpriority creditor's name and mailing address AVERYT, ELAINE 5513 LOLO LANE SPOKANE, WA 99217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.28	Nonpriority creditor's name and mailing address BAILEY LOGGING 42198 D. SHORE ACRES ROAD LOON LAKE, WA 99148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,090.21
3.29	Nonpriority creditor's name and mailing address BAKER, JON R 394 COUNTY ROAD 733 CALHOUN, TN 37309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.30	Nonpriority creditor's name and mailing address BARBER, RON FRANK 281 POVERTY VALLEY ROAD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address BARDWELL, BRAD 22 OPEN SKIES NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.32	Nonpriority creditor's name and mailing address BARNETT, DOUG 715 E PEARL LANE DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.33	Nonpriority creditor's name and mailing address BASF CORP 100 CAMPUS DR FLORHAM PARK, NJ 07932 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,780.00
3.34	Nonpriority creditor's name and mailing address BASNAW, RYAN 323990 US 2 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.35	Nonpriority creditor's name and mailing address BASNAW, TROY A 323990 N HWY 2 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.36	Nonpriority creditor's name and mailing address BATTERY SERVICES, INC 1235 GRAND BLVD S SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,200.00
3.37	Nonpriority creditor's name and mailing address BAY VALVE SERVICE INC 4385 133RD ST S SEATTLE, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,459.24
3.38	Nonpriority creditor's name and mailing address BECHERINI SCALE CENTER INC 317 SPRAGUE AVE E SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,084.00
3.39	Nonpriority creditor's name and mailing address BECKS, ANTHONY J P O BOX 1166 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.40	Nonpriority creditor's name and mailing address BECKWITH & KUFFEL 5930 1ST AVE S SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,652.42
3.41	Nonpriority creditor's name and mailing address BEHREND, TODD A 536 QUAIL LOOP NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.42	Nonpriority creditor's name and mailing address BEST, JASON S. 53 BLACKTHORNE ROAD OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.43	Nonpriority creditor's name and mailing address BETZ, JASON ROBERT 1351 CONKLIN MEADOWS RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address BIG SKY INDUSTRIAL 9711 EUCLID RD W SPOKANE, WA 99204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,671.00
3.45	Nonpriority creditor's name and mailing address BIGLER, LAURELD 2025 POWERS AVENUE LEWISTON, ID 83501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.46	Nonpriority creditor's name and mailing address Bison 1001 Sherwin Road Winnipeg, MB R3H OT8 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,833.16

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3.47	Nonpriority creditor's name and mailing address BLAIR, DEBBIE G 20160 SOUTHWOOD OAK DR PORTER, TX 77365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address BLAU, LORI N 18001 DARTFORD DRIVE COLBERT, WA 99005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.49	Nonpriority creditor's name and mailing address BLINN, PHILLIPP SCOTT P O BOX 1052 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.50	Nonpriority creditor's name and mailing address BLOODGOOD, JOHN F 344 DEER VALLEY LANE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.51	Nonpriority creditor's name and mailing address BNSF RAILWAY CO 3110 SOLUTIONS CENTER CHICAGO, IL 60677-3001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,317.63
3.52	Nonpriority creditor's name and mailing address BOUCHER, WILLIAM HENRY 3425 E BUCKLEY MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.53	Nonpriority creditor's name and mailing address BOURES, IRENE 4565 LEBANON ROAD DANVILLE, KY 40422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.54	Nonpriority creditor's name and mailing address BOURES, KIPP 4565 LEBANON ROAD DANVILLE, KY 40422 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.55	Nonpriority creditor's name and mailing address BRANDTNER, RYAN N 23731 LECLERC ROAD NORTH IONE, WA 99139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.56	Nonpriority creditor's name and mailing address BRASHLER, JESSE RAY 818 W VALLEY AVENUE CHEWELAH, WA 99109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address BRINK, JAMES 11315 N GALAHAD SPOKANE, WA 99218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address BRINK, RONALD 30080 SAND STONE LANE WAGRAM, NC 28396 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.59	Nonpriority creditor's name and mailing address BROWN, BONNIE J 7705 EAST EUCLID AVE. SPOKANE VALLEY, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.60	Nonpriority creditor's name and mailing address BROWN, MICHAEL J 3102 DEETER RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.61	Nonpriority creditor's name and mailing address BRUMLEY, BENJAMIN DAVID P O BOX 2017 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.62	Nonpriority creditor's name and mailing address BRUMLEY, DAVID J P O BOX 2017 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address BRUMLEY, STANLEY R P O BOX 905 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.64	Nonpriority creditor's name and mailing address BTG AMERICAS INC MUTEK 5085 AVALON RIDGE PKWY SUITE 100 NORCROSS, GA 30071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,992.80
3.65	Nonpriority creditor's name and mailing address BUCKMAN LABORATORIES 1256 MCLEAN BLVD N MEMPHIS, TN 38108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449,563.26
3.66	Nonpriority creditor's name and mailing address Burlington Northern Sante Fe Rwy 3110 SOLUTIONS CENTER Chicago, IL 60677-3001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375,275.06
3.67	Nonpriority creditor's name and mailing address BUSH, KEVIN 892 BAKER LAKE ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.68	Nonpriority creditor's name and mailing address BUSWELL, CLINT MICHEAL 7035 COYOTE TRAIL ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.69	Nonpriority creditor's name and mailing address BUTLER, TOYA MARIE 243 GROVE ADDITION OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.70	Nonpriority creditor's name and mailing address BYOGON NORTHWEST, LLC 6200 CAMPUS DR NE. VANCOUVER, WA 98661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,596.82
3.71	Nonpriority creditor's name and mailing address C. H. Robinson SDS 12-0805 Minneapolis, MN 55486-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,870.09
3.72	Nonpriority creditor's name and mailing address CAL CARGO C/O PACIFIC CARGO INC 2816 WEST EINTON AVE HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,699.98
3.73	Nonpriority creditor's name and mailing address CALDWELL, JOHN G 422767 SR 20 USK WA, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.74	Nonpriority creditor's name and mailing address CAMPBELL, DARRIN J P O BOX 1345 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.75	Nonpriority creditor's name and mailing address CAMPBELL, DEXTER EAST 124 CIRCLE DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.76	Nonpriority creditor's name and mailing address CAMPBELL, SCOTT K 2017 FREEMAN LK RD OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.77	Nonpriority creditor's name and mailing address CAROTHERS & SON LTD PO BOX 2709 EUGENE, OR 97402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,743.76
3.78	Nonpriority creditor's name and mailing address CARPENTER, WALTER E P.O. BOX 472 CHEWELAH, WA 99109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.79	Nonpriority creditor's name and mailing address CASCADE AUTOMATION INC 1702 28TH STREET SPRINGFIELD, OR 97477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,974.00
3.80	Nonpriority creditor's name and mailing address CASCADE COLUMBIA DISTRIBUTIO 6308 SHARP AVE E SPOKANE, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,171.78
3.81	Nonpriority creditor's name and mailing address CASCADES SONOCO INC 4320 95TH ST SW SUITE C TACOMA, WA 98499 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126,241.33

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3.82	Nonpriority creditor's name and mailing address CASKEY, ROBERT G 514 W. QUAIL LOOP ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.83	Nonpriority creditor's name and mailing address CASSIDY PAPER LLC 27 PERCHERON DR MONROE, CT 06468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
3.84	Nonpriority creditor's name and mailing address CH MURPHY/CLARK ULLMAN INC 5565 DOLPHIN ST N PORTLAND, OR 97217-7631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,094.75
3.85	Nonpriority creditor's name and mailing address CHILDERS, CHRISTOPHER LEE 5101 N MCINTOSH CT SPOKANE, WA 99206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.86	Nonpriority creditor's name and mailing address CHITWOOD ENTERPRISES PO BOX 152 CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,630.14
3.87	Nonpriority creditor's name and mailing address CHITWOOD, BOB G P O BOX 1078 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.88	Nonpriority creditor's name and mailing address CHRISTOFFERSON, DAVID R 1783 EAST SEQUIM BAY RD SEQUIM, WA 98382 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.89	Nonpriority creditor's name and mailing address CINTAS CORP #606 918 FIFTH AVE N YAKIMA, WA 98902-1412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$857.70
3.90	Nonpriority creditor's name and mailing address CITY SERVICE VALCON PO BOX 1 KALISPELL, MT 59903-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,355.81
3.91	Nonpriority creditor's name and mailing address CLARK, ARCHIE 1598 RICKEY CANYON RD KETTLE FALLS, WA 99141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.92	Nonpriority creditor's name and mailing address CLARK, M'LISS M 3851 LARCH ROAD LOON LAKE, WA 99148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.93	Nonpriority creditor's name and mailing address CLIFNER, KENNETH P O BOX 202 CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.94	Nonpriority creditor's name and mailing address COEUR D'ALENES CO C/O STOCK STEEL PO BOX 2610 SPOKANE, WA 99220-2610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,876.02
3.95	Nonpriority creditor's name and mailing address COLUMBIA ELECTRIC SUPPLY CO 203 AUGUSTA E SPOKANE, WA 99207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,723.86

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3.96	Nonpriority creditor's name and mailing address COLUMBIA INTERNATIONAL FORES 500 EAST BROADWAY SUITE 340 VANCOUVER, WA 98660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,542.35
3.97	Nonpriority creditor's name and mailing address COMPLETE FOREST PO BOX 268 BLANCHARD, ID 83804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,512.17
3.98	Nonpriority creditor's name and mailing address COMPLETE PACKAGING SYSTEMS I 1375 HOPKINS STREET WHITBY, ON L1N 5C2 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,022.80
3.99	Nonpriority creditor's name and mailing address CONSTELLATION HOMEBUILDER SY DBA EDIWISE 690 DORVAL DRIVE SUITE 425 OAKVILLE, ON L6K 3W7 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,823.14
3.100	Nonpriority creditor's name and mailing address Contract; Transportation Systems Co PO BOX 277544 Atlanta, GA 30384-7544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,751.81
3.101	Nonpriority creditor's name and mailing address COON, CHRIS M 201 SOUTH FEA STREET NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.102	Nonpriority creditor's name and mailing address COON, ELIZABETH 201 LAURELHURST DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.103	Nonpriority creditor's name and mailing address COPELAND, JACOB J 503 S CARNAHAN ROAD SPOKANE VALLEY, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104	Nonpriority creditor's name and mailing address CORDES, BARBARA A P.O. BOX 141 CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	Nonpriority creditor's name and mailing address COUNTRY LANE INC PO BOX 128 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.60
3.106	Nonpriority creditor's name and mailing address COX, BOB M 157 COUGAR RIDGE LANE PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	Nonpriority creditor's name and mailing address COX, TRACY A 157 COUGAR RIDGE LANE PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	Nonpriority creditor's name and mailing address CRADDICK, MICHAEL P.O. BOX 588 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.109	Nonpriority creditor's name and mailing address CRAMER, ZACHARY STEVENS 506 N QUAIL AVE UNIT B NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.110	Nonpriority creditor's name and mailing address CRAWFORD, ANDREW CORTNEY 582 HWY 211 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111	Nonpriority creditor's name and mailing address CRAWFORD, KRISTOPHER A 231 S SCOTT AVENUE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112	Nonpriority creditor's name and mailing address CRAWFORD, SHANDA 1131 SOUTH BELVEDERE AVE GASTONIA, NC 28054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.113	Nonpriority creditor's name and mailing address Crete Carrier Corporation PO BOX 852634 Lincoln, NE 68501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169,186.68
3.114	Nonpriority creditor's name and mailing address CRS DATA SOLUTIONS 3315 26TH NW PORTLAND, OR 97210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,387.45
3.115	Nonpriority creditor's name and mailing address CSS INTERNATIONAL, INC. 115 RIVER LANDING DR CHARLESTON, SC 29492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,490.00
3.116	Nonpriority creditor's name and mailing address CUMSTON, NATHANAEL JAMES 65 TROUDT CT PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.117	Nonpriority creditor's name and mailing address CUNNINGHAM, JEFFREY 391 LONE PINE ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.118	Nonpriority creditor's name and mailing address CUNNINGHAM, RAWLEY J 535 SPRING HAVEN DRIVE OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.119	Nonpriority creditor's name and mailing address CUPP, JAMES P O BOX 472 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120	Nonpriority creditor's name and mailing address CUPP, TOMMY D 1219 E SLATON LANE DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.121	Nonpriority creditor's name and mailing address CUTLER LOGGING PO BOX 184 ATHOL, ID 83801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,980.66
3.122	Nonpriority creditor's name and mailing address CUTSHALL, MARK S 1681 DANFORTH ROAD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123	Nonpriority creditor's name and mailing address DALE HIEBERT 4014 E BRIDGES ROAD ELK, WA 99009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$609.90

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3.124	Nonpriority creditor's name and mailing address DAMON, MICHAEL F 551 QUAIL LOOP NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125	Nonpriority creditor's name and mailing address DAVAZ, PAMELA J P. O. BOX 1302 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.126	Nonpriority creditor's name and mailing address DAVIS, MARC P O BOX 990 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127	Nonpriority creditor's name and mailing address DAVIS, TIM 34515 FINDLEY ROAD DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.128	Nonpriority creditor's name and mailing address DAWSON TRUCKING, INC. ATTN: KAY DAWSON PO BOX 159 VALLEY, WA 99181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,154.34
3.129	Nonpriority creditor's name and mailing address DEAN, JARED ALLEN 5321 SPRING VALLEY ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.130	Nonpriority creditor's name and mailing address DELTA INDUSTRIES INC 16142 MASON ST NE PORTLAND, OR 97230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$738.24

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3.131	Nonpriority creditor's name and mailing address DEMENT, ROBERT WAYNE 59W LINCOLN AVENUE PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.132	Nonpriority creditor's name and mailing address DEOBALD, BARRY T 7904 NORTH SICILIA CT SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133	Nonpriority creditor's name and mailing address DEVRIES BUSINESS RECORDS MGM 601 E PACIFIC SPOKANE, WA 99201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,265.00
3.134	Nonpriority creditor's name and mailing address DIMICK, MATTHEW A 2060 ELK LANE KENDRIK, ID 83537 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135	Nonpriority creditor's name and mailing address DITTL, RONALD 22116 62ND AVE EAST SPANAWAY, WA 98387 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.136	Nonpriority creditor's name and mailing address DS SERVICES OF AMERICA, INC. PO BOX 660579 DALLAS, TX 75266-0579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,247.00
3.137	Nonpriority creditor's name and mailing address DUGGER, CLIFFORD J 4701 CAMDEN ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.138	Nonpriority creditor's name and mailing address DURY, LOREN W 511 DURY LANE CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.139	Nonpriority creditor's name and mailing address DYKMAN ELECTRICAL INC 5711 SHARP E SPOKANE, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$834.40
3.140	Nonpriority creditor's name and mailing address ECKHOFF, STEVE 11662 W ARLEN STREET BOISE, ID 83713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141	Nonpriority creditor's name and mailing address ECONOTECH SERVICES LTD 852 DERWENT WAY DELTA, BC V3M 5R1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,493.46
3.142	Nonpriority creditor's name and mailing address EDWARDS, STEVEN H E 4720 LAUREL ROAD CHATTAROY, WA 99003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.143	Nonpriority creditor's name and mailing address ELJAY OIL CO INC 7815 VALLEYWAY SPOKANE, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,178.80
3.144	Nonpriority creditor's name and mailing address ELLSWORTH, CHARLES GUY 2595 UNITED COPPER MINE ROAD CHEWELAH, WA 99109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.145	Nonpriority creditor's name and mailing address ELMER BROTHERS 2022 ELMERS LOOP ROAD NEWPORT, ID 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.66
3.146	Nonpriority creditor's name and mailing address ENGEN, BJARNE K 241 TWIN OAKS LP WINSTON, OR 97496 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.147	Nonpriority creditor's name and mailing address ESKO INDUSTRIES LTD 3480 GARDNER CRT BURNABY, BC V5G 3K4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$452.72
3.148	Nonpriority creditor's name and mailing address EVAN HANEY 12821 E. BRIDGES RD ELK, WA 99009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.21
3.149	Nonpriority creditor's name and mailing address EVERTS, MICHAEL ANTHONY 3906 E VULCAN RD MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	Nonpriority creditor's name and mailing address EXBABYLON LLC 204 W. WALNUT STREET NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,487.50
3.151	Nonpriority creditor's name and mailing address EXCESS DISPOSAL SERVICE INC 2654 HWY 2 E OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,195.92

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3.152	Nonpriority creditor's name and mailing address EXCESS PORTABLE TOILETS, LLC PO BOX 2242 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$294.00
3.153	Nonpriority creditor's name and mailing address FAIRCHILD, WILLIAM R 8676 W SAWTOOTH ST RATHDRUM, ID 83538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.154	Nonpriority creditor's name and mailing address FAIRCHILD, WILLIAM ROBERT 7010 N COUNTRY HOMES BLVD SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.155	Nonpriority creditor's name and mailing address FARIES, DEANNE H 4112 PUENTE WAY SACRAMENTO, CA 95864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.156	Nonpriority creditor's name and mailing address FARIES, III CHARLES PO BOX 236 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.157	Nonpriority creditor's name and mailing address FARMIN, DANIEL P.O. BOX 250 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.158	Nonpriority creditor's name and mailing address FARMIN, ROBERT J P O BOX 1206 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.159	Nonpriority creditor's name and mailing address FAST WAY FREIGHT MANAGEMENT, 1001 N. HAVANA ST SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,251.69
3.160	Nonpriority creditor's name and mailing address FAST WAY INC PO BOX 40142 SPOKANE, WA 99220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,262.39
3.161	Nonpriority creditor's name and mailing address FEDEX PO BOX 94515 PALATINE, IL 60094-4515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.96
3.162	Nonpriority creditor's name and mailing address FERGUSON ENTERPRISES INC 4004 BOONE E SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.82
3.163	Nonpriority creditor's name and mailing address FERGUSON FORESTRY SOLUTIONS 938 B Vanesse Rd Kettle Falls, WA 99141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,273.34
3.164	Nonpriority creditor's name and mailing address Fidelity Investments Attn: Julie Sachs, FSA, EA 200 California St., Ste. 1200 San Francisco, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.165	Nonpriority creditor's name and mailing address FIELD INSTRUMENTS & CONTROLS 2110 EMILY LANE E SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$781.06

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3.166	Nonpriority creditor's name and mailing address FILLER, TIM P 311 LECLERC CREEK RD CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.167	Nonpriority creditor's name and mailing address FINE LINE DIV. OF PCE PACIFI 22011 26TH AVENUE SE BOTHELL, WA 98021-4900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$963.45
3.168	Nonpriority creditor's name and mailing address FISH BAY RESOURCES 2473 TIGER LN RICHLAND, WA 99352 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,171.25
3.169	Nonpriority creditor's name and mailing address FISHER SCIENTIFIC 9999 VETERANS MEM DR HOUSTON, TX 77038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,036.50
3.170	Nonpriority creditor's name and mailing address FORESIGHT FORESTRY PO BOX 108 PONDERAY, ID 83852 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,522.72
3.171	Nonpriority creditor's name and mailing address FOUST, MICHAEL 9919 NW 15TH AVENUE VANCOUVER, WA 98685-5130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172	Nonpriority creditor's name and mailing address FOXX, NORMA J 3072 POPSIE DR BELVIDERE, IL 61008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.173	Nonpriority creditor's name and mailing address FREEPORT LOGISTICS INC 431 N 47TH AVE PHOENIX, AZ 85043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,026.23
3.174	Nonpriority creditor's name and mailing address FROST ENGINEERING SERVICE CO 21000 86TH AVE SE SNOHOMISH, WA 98296 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$782.15
3.175	Nonpriority creditor's name and mailing address FULTON, RUSSEL HUGH BOX 1023 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.176	Nonpriority creditor's name and mailing address GANGL, GARY E 3420 LEXINGTON WAY WEST RICHLAND, WA 99353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.177	Nonpriority creditor's name and mailing address GARNER, RICHARD P 3295 VIEWRIDGE LANE VALLEY, WA 99181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.178	Nonpriority creditor's name and mailing address GARRETT, THOMAS 182 JADE DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179	Nonpriority creditor's name and mailing address GAUVIN, JEFFREY P P O BOX 1095 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.180	Nonpriority creditor's name and mailing address GEARY, NANCY K 160 WENAS VIEW DR SELAH, WA 98942-9101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181	Nonpriority creditor's name and mailing address GEMSTATE PARTNERS PO BOX 2658 SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.182	Nonpriority creditor's name and mailing address GENERAL MONITORS 26776 SIMPATICA CIRCLE LAKE FOREST, CA 92630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,841.73
3.183	Nonpriority creditor's name and mailing address GEORGE, RONALD CHARLES 88 HERBS DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	Nonpriority creditor's name and mailing address GIFFORD, KAREN 1295 E DOBERMAN STREET MERIDIAN, ID 83642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	Nonpriority creditor's name and mailing address GIRNUS, GARCY L 8373 N AINSWORTH DR HAYDEN, ID 83835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.186	Nonpriority creditor's name and mailing address GOULET, TRACY P 342 DIAMOND DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.187	Nonpriority creditor's name and mailing address GRACE, MICHAEL 65 HARFORD PL UPLAND, CA 91786-2708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.188	Nonpriority creditor's name and mailing address GRACE, ROBERT J 17323 N GOLDEN DRIVE COLBERT, WA 99005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	Nonpriority creditor's name and mailing address GRAINGER 5706 BROADWAY AVE E SPOKANE, WA 99206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.83
3.190	Nonpriority creditor's name and mailing address GRATING PACIFIC LLC 2775 FRONT ST N WOODBURN, OR 97071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$762.00
3.191	Nonpriority creditor's name and mailing address GRAYWOLF TIMBERS LLC ATTN: KYLE GRAY 90344 SUMMIT VIEW DR KENNIWICK, WA 99338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$419.02
3.192	Nonpriority creditor's name and mailing address GREEN, GINA #42 5370 S. DESERT DAWN DR GOLD CANYON, AZ 85118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.193	Nonpriority creditor's name and mailing address GREEN, MADELINE R 519. S STATE AVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.194	Nonpriority creditor's name and mailing address GREG JOHNSON LOGGING, LLC PO BOX 1662 DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,660.02
3.195	Nonpriority creditor's name and mailing address GUENTHER, DONALD 1886 SUNSET DR. WHITEHALL, PA 18052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196	Nonpriority creditor's name and mailing address HAAS, DIANE L 13202 SR 211 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.197	Nonpriority creditor's name and mailing address HACH CO 2207 COLLECTIONS CENTER DR. CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.87
3.198	Nonpriority creditor's name and mailing address HALEY, DAVID L 6092 COYOTE TRAIL ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199	Nonpriority creditor's name and mailing address HANEY, STAN 1652 BOX CANYON ROAD IONE, WA 99139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.200	Nonpriority creditor's name and mailing address HANEY, TERRY 505 S WASHINGTON NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.201	Nonpriority creditor's name and mailing address HANSON, GARTH MICHAEL 484 DAVAZ CARLTON ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202	Nonpriority creditor's name and mailing address HANSON, TRAVIS WARREN 102 DUNN ELK, WA 99009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203	Nonpriority creditor's name and mailing address HANTZ, MICHAEL LEE PO BOX 1101 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.204	Nonpriority creditor's name and mailing address HARDWICK, SHAUN J 402 SICLEY ROAD CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.205	Nonpriority creditor's name and mailing address HARGROVE, AUSTIN CHANCE 506 N QUAIL AVE SPACE D NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.206	Nonpriority creditor's name and mailing address HARGROVE, RUSTY R 506 N.QUAIL AVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.207	Nonpriority creditor's name and mailing address HATTEN, RICHARD 8608 WEST CLEARWATER PLACE KENNEWICK, WA 99336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.208	Nonpriority creditor's name and mailing address Heartland Express 901 N. KASAS AVE North Liberty, IA 52317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,474.72
3.209	Nonpriority creditor's name and mailing address HEGEL, CHARITY 915 MAIN STREET, UNIT B SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.210	Nonpriority creditor's name and mailing address HEGEL, DUSTIN 10114 N COCHRAN RD SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.211	Nonpriority creditor's name and mailing address HEINE, FREDRICK HANS 801 HOOP LOOP ROAD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.212	Nonpriority creditor's name and mailing address HENDERSHOTT, JOEL D 6511 E. VALLEY LANE ELK, WA 99009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.213	Nonpriority creditor's name and mailing address HENDERSHOTT, KYLE CHARLES 4911 COYOTE TRAIL ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.214	Nonpriority creditor's name and mailing address HENDERSHOTT, NORMAN DALE P O BOX 291 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.215	Nonpriority creditor's name and mailing address HENDERSHOTT, TROY M P O BOX 383 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.216	Nonpriority creditor's name and mailing address HENDRICKSON, JEFFREY THOMAS 321734 NORTH HIGHWAY 2 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.217	Nonpriority creditor's name and mailing address HENDRIX, STARTSUN 1718 E LINCOLN ROAD, APT B305 SPOKANE, WA 99217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.218	Nonpriority creditor's name and mailing address HENRY, ROGER L 1111 W. MONTGOMERY RD DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.219	Nonpriority creditor's name and mailing address HEPKER, CAL W BOX 942, 11616 NORTH MARKET STREET MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.220	Nonpriority creditor's name and mailing address HEXACOMB CORPORATION 2820 B ST NW SUITE 109 AUBURN, WA 98001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,378.92
3.221	Nonpriority creditor's name and mailing address HOFACKER, BARBARA A W 7540 COUNTY ROAD JJ HORTONVILLE, WI 54944 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.222	Nonpriority creditor's name and mailing address HOFFMAN, MAVIS 242 QUARTZITE LOOP CHEWELAH, WA 99109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.223	Nonpriority creditor's name and mailing address HOFSTEE, BRANDON J P O BOX 475 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224	Nonpriority creditor's name and mailing address HOGG, PAT 1115 INDIAN CREST DRIVE INDIAN SPRINGS, AL 34124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.225	Nonpriority creditor's name and mailing address HOHNHORST, MARTIN LEO 3807 WEST JAY STREET SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.226	Nonpriority creditor's name and mailing address HOLMES, ROBIN 32606 N. SPOTTED ROAD DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.227	Nonpriority creditor's name and mailing address HOLMES, STEVEN L 32606 N. SPOTTED RD. DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.228	Nonpriority creditor's name and mailing address HONEYWELL PROCESS SOLUTIONS 115 TABOR ROAD MORRIS PLAINS, NJ 07950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,610.59

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3.229	Nonpriority creditor's name and mailing address HORIZON HELICOPTERS INC PO BOX 28 LACLEDE, ID 83841-0029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$829.45
3.230	Nonpriority creditor's name and mailing address HT X CUTCO INC. 17700 SE MILL PLAIN BLVD SUITE 180 VANCOUVER, WA 98683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,029.48
3.231	Nonpriority creditor's name and mailing address HUGGINS, CHRISTINE P.O. BOX 1501 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.232	Nonpriority creditor's name and mailing address HUNT, KRISTEN AILEEN 472 JADE DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.233	Nonpriority creditor's name and mailing address HUNTER, DENNIS D 435 DEER TRAIL ROAD BLANCHARD, ID 83804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.234	Nonpriority creditor's name and mailing address HUNTLEY, BENSON E P.O. BOX 367 METALINE FALLS, WA 99153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.235	Nonpriority creditor's name and mailing address IDAHO DEPT OF LANDS 3284 WEST INDUSTRIAL LOOP COEUR D'ALENE, ID 83815-6021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$929.84

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3.236	Nonpriority creditor's name and mailing address IDAHO FOREST GROUP 4447 EAST CHILCO ROAD ATHOL, ID 83801-8477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195,875.67
3.237	Nonpriority creditor's name and mailing address IDAHO FOREST GROUP 4447 E CHILCO RD ATHOL, ID 83801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233,889.80
3.238	Nonpriority creditor's name and mailing address IDAHO FOREST GROUP LLC 4447 EAST CHILCO ROAD ATHOL, ID 83801-8477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,351.92
3.239	Nonpriority creditor's name and mailing address IDAHO WEST LLC 511 BOB NEWMAN ROAD IONE, WA 99139-9618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,282.88
3.240	Nonpriority creditor's name and mailing address INDUSTRIAL PREVENTATIVE MAINT. SOLU ATTN: DAVID WILLIAMS 861 HUMMINGBIRD LANE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,275.00
3.241	Nonpriority creditor's name and mailing address INGREDION INCORPORATED PO BOX 742206 LOS ANGELES, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,607.12
3.242	Nonpriority creditor's name and mailing address INLAND EMPIRE PAPER COMPANY 3320 N ARGONNE SPOKANE, WA 99212-2099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,256.76

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3.243	Nonpriority creditor's name and mailing address INLAND ENVIRONMENTAL RESOURC PO BOX 18978 SPOKANE, WA 99228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,791.98
3.244	Nonpriority creditor's name and mailing address INLAND FOREST MANAGEMENT INC PO BOX 1966 SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.14
3.245	Nonpriority creditor's name and mailing address INLAND PIPE & SUPPLY 530 BROADWAY E MOSES LAKE, WA 98837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,159.55
3.246	Nonpriority creditor's name and mailing address INSIGHT DIRECT USA 6820 HARL AVE S TEMPE, AZ 85283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.49
3.247	Nonpriority creditor's name and mailing address Intellitrans PO BOX 934941 Atlanta, GA 31193-3493 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,000.00
3.248	Nonpriority creditor's name and mailing address INTELLITRANS LLC PO BOX 934941 ATLANTA, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$623.70
3.249	Nonpriority creditor's name and mailing address ITS Logistics Brokerage 555 VISTA BOULEVARD Sparks, NV 89434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,286.35

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3.250	Nonpriority creditor's name and mailing address IVES, BEVERLY J 1501 FLOWERY TRAIL RD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.251	Nonpriority creditor's name and mailing address JACHETTA, FRANK E 68-1745 WAIKOLOA RD #J102 WAIKOLOA, HI 96738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.252	Nonpriority creditor's name and mailing address JACKSON, SHERRI L 3 F VIA CASTILLA LAGUNA WOODS, CA 92637 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.253	Nonpriority creditor's name and mailing address JAPPERT, MARK 1036 HIGH DESERT DRIVE DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.254	Nonpriority creditor's name and mailing address JARED, DOUG P O BOX 177 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.255	Nonpriority creditor's name and mailing address JASON HESTER LOGGING 13 MARA MEADOWS RD ATHOL, ID 83801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$916.78
3.256	Nonpriority creditor's name and mailing address JHGA REAL ESTATE 17700 SE MILL PLAIN BLVD SUITE 180 VANCOUVER, WA 98683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,027.40

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3.257	Nonpriority creditor's name and mailing address JMF INC 318 HIGHLAND AVENUE ST MARIES, ID 83861-2042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.08
3.258	Nonpriority creditor's name and mailing address JOE HESTER W 11611 PRAIRIE AVE POST FALLS, ID 83854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,039.04
3.259	Nonpriority creditor's name and mailing address JOHN HANCOCK LIFE INS CO USA 17700 SE MILL PLAIN BLVD SUITE 180 VANCOUVER, WA 98683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,904.00
3.260	Nonpriority creditor's name and mailing address JOHNSON, JON DERRICK 241 SUMMER ROAD PO BOX 121 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.261	Nonpriority creditor's name and mailing address JOHNSON, MYRON L 10792 HWY 211 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.262	Nonpriority creditor's name and mailing address JWP LOGGING INC. PO BOX 1398 SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$957.44
3.263	Nonpriority creditor's name and mailing address K & N ELECTRIC PO BOX 303 SPOKANE, WA 99210-0303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,624.07

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3.264	Nonpriority creditor's name and mailing address KADANT SOLUTIONS DIVISION 35 SWORD ST AUBURN, MA 01501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,777.13
3.265	Nonpriority creditor's name and mailing address Kam-Way Transportation, Inc 215 MARINE DR. , SUITE 200 Blaine, WA 98230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,059.49
3.266	Nonpriority creditor's name and mailing address KAMAN INDUSTRIAL TECHNOLOGIE PO BOX 2646 SPOKANE, WA 99220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,617.03
3.267	Nonpriority creditor's name and mailing address KAMPS, MICHAEL EDWARD P O BOX 1371 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.268	Nonpriority creditor's name and mailing address KANO LABORATORIES PO BOX 110098 NASHVILLE, TN 37222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$560.68
3.269	Nonpriority creditor's name and mailing address KEANE, FRED D 4213 SUMMERTON DR. BYRAM, MS 39272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.270	Nonpriority creditor's name and mailing address KERSHAW'S INC 119 HOWARD ST S SPOKANE, WA 99204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,520.62

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3.271	Nonpriority creditor's name and mailing address KESSLER, BERNARD 1405 W CLIFFWOOD COURT SPOKANE, WA 99218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.272	Nonpriority creditor's name and mailing address KILLMER, DENNIS E P O BOX 674 CHEWELAH, WA 99109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.273	Nonpriority creditor's name and mailing address KING SOFT WATER CO 1425 HOUSTON E SPOKANE, WA 99207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.274	Nonpriority creditor's name and mailing address KING, BRAD J 705 W BELLWOOD DRIVE #29 SPOKANE, WA 99218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.275	Nonpriority creditor's name and mailing address KINGERY, LINDA M POST OFFICE BOX 42 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	Nonpriority creditor's name and mailing address KINGERY, RONALD WAYNE P O BOX 2051 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.277	Nonpriority creditor's name and mailing address KIWICO LLC 122 N RAYMOND RD SUITE 2 SPOKANE VALLEY, WA 99206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,878.03

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3.278	Nonpriority creditor's name and mailing address KLEENAIR PRODUCTS CO INC PO BOX 1669 CLACKAMAS, OR 97015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.32
3.279	Nonpriority creditor's name and mailing address Knight Transportation PO BOX 29897 Phoenix, AZ 85038-9897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,080.07
3.280	Nonpriority creditor's name and mailing address KOBYLARZ, MARK P 210 W. CIRCLE DR. NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.281	Nonpriority creditor's name and mailing address KOEHN, GREG A 172 GREGG'S COURT NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.282	Nonpriority creditor's name and mailing address KONE INC 5805 SHARP AVE E SUITE A5 SPOKANE, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,705.60
3.283	Nonpriority creditor's name and mailing address KONKRIGHT, DANIEL L P.O. BOX 185 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.284	Nonpriority creditor's name and mailing address KONKRIGHT, TIM J P.O. BOX 216 CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.285	Nonpriority creditor's name and mailing address KREAGER, CLIFFORD 279 BODIE CANYON RD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.286	Nonpriority creditor's name and mailing address KROGH, TODD MATTHEW 912 DEER VALLEY ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287	Nonpriority creditor's name and mailing address Lake Superior Forest Products Inc. 111 Robert-Bourassa Blvd. Montreal, Quebec, H3C 2M1, Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.288	Nonpriority creditor's name and mailing address LANDAHL, BRUCE D 8229 N MARJORIE STREET SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.289	Nonpriority creditor's name and mailing address LANE MOUNTAIN CO PO BOX 127 VALLEY, WA 99181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,536.20
3.290	Nonpriority creditor's name and mailing address LARSON, CODY A 892 BAKER LAKE ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.291	Nonpriority creditor's name and mailing address LAWRENCE, ADRIAN DUWAYNE PO BOX 1973 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.292	Nonpriority creditor's name and mailing address LEBLANC, JAMES P 731 GREGGS ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.293	Nonpriority creditor's name and mailing address LEISHMAN, THOMAS P 12105 SW LAUSANNE ST WILSONVILLE, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.294	Nonpriority creditor's name and mailing address LHT LLC PO BOX 1556 SPIRIT LAKE, ID 83869 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,887.50
3.295	Nonpriority creditor's name and mailing address LIBERTY MUTUAL INSURANCE GRO PO BOX 0569 CAROL STREAM, IL 06132-0569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,796.55
3.296	Nonpriority creditor's name and mailing address LOUCK, JOHN P 731 GREGGS RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.297	Nonpriority creditor's name and mailing address LUFFMAN, CELESTE 37176 HWY 41 OLD TOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.298	Nonpriority creditor's name and mailing address LUITEN, TIM 17022 EAST 4TH SPOKANE VALLEY, WA 99037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.299	Nonpriority creditor's name and mailing address LUKE, DAVID 7372 COYOTE TRAIL NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.300	Nonpriority creditor's name and mailing address LUKE, PEGGY A P O BOX 11373 SPOKANE VALLEY, WA 99211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.301	Nonpriority creditor's name and mailing address MACHTOLF, PAUL 12306 N. FAIRWOOD DRIVE SPOKANE, WA 99217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.302	Nonpriority creditor's name and mailing address MAINTENANCE METROLOGY LLC 2427 W BERKLEY LN HAYDEN, ID 83835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,985.00
3.303	Nonpriority creditor's name and mailing address MAJOR, CHRISTOPHER THOMAS PO BOX 741 CHATTAROY, WA 99003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.304	Nonpriority creditor's name and mailing address MALSBURY, DORWIN 301 N UNION, SUITE B NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.305	Nonpriority creditor's name and mailing address MANGANO, JASON MICHAEL 917 CHURCH STREET SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.306	Nonpriority creditor's name and mailing address MANWILL, HOWARD M 321 RIVER RD. USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.307	Nonpriority creditor's name and mailing address MARGESON, DONALD R 23575 SANDLAKE RD. CLOVERDALE, OR 97112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.308	Nonpriority creditor's name and mailing address MARTIN, CHRIS J 1297 EASTSIDE ROAD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.309	Nonpriority creditor's name and mailing address MARTIN, CHRIS R 2911 HORSESHOE DRIVE LAS VEGAS, NV 89120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.310	Nonpriority creditor's name and mailing address MASON LOGGING LLC 18077 VICKI RD RATHDRUM, ID 83858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,358.64
3.311	Nonpriority creditor's name and mailing address MATLOCK, GREGORY LEE 39905 N SUNSET LANE DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.312	Nonpriority creditor's name and mailing address MCCORMICK, CYNTHIA 203 RIVERWATCH CIRCLE KINGSPORT, TN 37660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.313	Nonpriority creditor's name and mailing address MCCORMICK, MICHAEL 203 RIVERWATCH CIRCLE KINGSPORT, TN 37660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.314	Nonpriority creditor's name and mailing address MCISAAC, JAY 40321 SUNNYSIDE LANE DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.315	Nonpriority creditor's name and mailing address MCKENNETT, HARLEN M P O BOX 315 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.316	Nonpriority creditor's name and mailing address MEANY, WILLIAM G 10161 NORTH FAIRWAY DRIVE HAYDEN LAKE, ID 83835-9565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.317	Nonpriority creditor's name and mailing address MegaCorp Logistics, LLC 7040 WRIGHTSVILLE AVE. Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,643.56
3.318	Nonpriority creditor's name and mailing address MELENDEZ, MANUEL R P.O. BOX 1468 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.319	Nonpriority creditor's name and mailing address MESERVE, DON C 6965 S FOREST RIDGE DR SPOKANE, WA 99224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.320	Nonpriority creditor's name and mailing address MEYERS, RICHARD EAN PO BOX 1656 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.321	Nonpriority creditor's name and mailing address MILLER, JAMES L 910 E WELLINGTON DR. SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.322	Nonpriority creditor's name and mailing address MILLER, RACHEL E 22 STEWART DR BLANCHARD, ID 83804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.323	Nonpriority creditor's name and mailing address MILLER, RANDALL D 662 JERMAIN RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.324	Nonpriority creditor's name and mailing address MILLER, ROBIN K 910 E.WELLINGTON DR. SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.325	Nonpriority creditor's name and mailing address MILLER, SCOTT B P O BOX 678 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.326	Nonpriority creditor's name and mailing address MINOIA, MICHAEL P 14919 N LOWE ROAD MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.327	Nonpriority creditor's name and mailing address MITCHELL, JOSHUA J P O BOX 712 DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.328	Nonpriority creditor's name and mailing address MITTAN, MATTHEW PO BOX 135 CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.329	Nonpriority creditor's name and mailing address MIZE, LAYMAN H 649 RILES CREED PK DR PO BOX 3 LACLEDE, ID 83841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.330	Nonpriority creditor's name and mailing address MOE, TERRY 949 SPRUCE AVE COEUR D'ALENE, ID 83814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.331	Nonpriority creditor's name and mailing address MOHR, WILLIAM J 14562 N. WRIGHT ST RATHDRUM, ID 83858 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.332	Nonpriority creditor's name and mailing address MONK, BRIAN 566 W QUAIL LOOP NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.333	Nonpriority creditor's name and mailing address MONK, TRACY 390 WATERTOWER LANE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.334	Nonpriority creditor's name and mailing address MORROW, DEBORAH R 617 SOUTH 53RD AVENUE YAKIMA, WA 98908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.335	Nonpriority creditor's name and mailing address MOTION INDUSTRIES INC. PO BOX 11894 SPOKANE, WA 99211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,496.49
3.336	Nonpriority creditor's name and mailing address MULLALEY, SPENCER ROBERT 952 GREGGS ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.337	Nonpriority creditor's name and mailing address MUNRO, SIDNEY A POST OFFICE BOX 1304 CHEWELAH, WA 99109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.338	Nonpriority creditor's name and mailing address MYERS, BRANDYN 931 TURK RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.339	Nonpriority creditor's name and mailing address NAPA AUTO PARTS - PRIEST RIV PO BOX 1903 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.43
3.340	Nonpriority creditor's name and mailing address NELSON, CANDY S 51 N. BOBIER ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.341	Nonpriority creditor's name and mailing address NELSON, JOHN D 3154 PENINSULA RD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.342	Nonpriority creditor's name and mailing address NENEMA, JAMES L 12801 W 1ST AVE AIRWAY HEIGHTS, WA 99001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.343	Nonpriority creditor's name and mailing address NEUWELT, JOSEPH F 12537 DEERBRUSH CT. NAMPA, ID 83651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.344	Nonpriority creditor's name and mailing address NEWPORT VISION SOURCE PS FENNO EYE CLINIC INC PS 205 SOUTH WASHINGTON NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
3.345	Nonpriority creditor's name and mailing address NORDSON CORP 11475 LAKEFIELD DR DULUTH, GA 30136-1511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.76
3.346	Nonpriority creditor's name and mailing address NORTH COAST ELECTRIC CO 4216 E. MAIN AVE. SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,847.22
3.347	Nonpriority creditor's name and mailing address NORTHRUP, CARL B 864 JARED RD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.348	Nonpriority creditor's name and mailing address NORTHSTAR CLEAN CONCEPTS 633 N HELENA ST SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.68
3.349	Nonpriority creditor's name and mailing address NORTHWEST PULP & PAPER ASSOC 212 UNION AVENUE SE SUITE 103 OLYMPIA, WA 98501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,124.74
3.350	Nonpriority creditor's name and mailing address NORTHWEST PUMP & EQUIPMENT C 2800 31ST AVE NW PORTLAND, OR 97210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.50
3.351	Nonpriority creditor's name and mailing address NORTON, CONNIE E P.O.BOX 232 CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.352	Nonpriority creditor's name and mailing address NOVAKOVICH, CHAD JAMES 520 EAST OWENS ROAD CHATTAROY, WA 99003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.353	Nonpriority creditor's name and mailing address NUNN, BRUCE E 92 HERRICK ROAD BROOKLYN, CT 06234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.354	Nonpriority creditor's name and mailing address NURNBERG SCIENTIFIC 18500 SW TETON AVE TUALATIN, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.26

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3.355	Nonpriority creditor's name and mailing address O'REILLY AUTO PARTS PO BOX 9464 SPRINGFIELD, MO 65801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$714.29
3.356	Nonpriority creditor's name and mailing address OGLETREE, DEAKINS, NASH, SMO 102 SOUTH MAIN STREET GREENVILLE, SC 29601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,120.00
3.357	Nonpriority creditor's name and mailing address OLSON, WILLIAM L 10904 NE 61ST AVENUE VANCOUVER, WA 98686-4602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358	Nonpriority creditor's name and mailing address OPP, SUE E 17606 72ND AVE E PUYALLUP, WA 98375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.359	Nonpriority creditor's name and mailing address OROZCO, LEO JOHN 1809 E CAROL ST APT #1 DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.360	Nonpriority creditor's name and mailing address OSCARSON, RON L 4222 FREEMAN LAKE ROAD OLD TOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.361	Nonpriority creditor's name and mailing address OWENS, MARK 709 NW 1047TH WAY VANCOUVER, WA 98685 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.362	Nonpriority creditor's name and mailing address OXARC INC PO BOX 2605 SPOKANE, WA 99220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,053.13
3.363	Nonpriority creditor's name and mailing address PACIFIC TERMINALS, INC. 3480 W MARGINAL WAY SW SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,988.78
3.364	Nonpriority creditor's name and mailing address PACK, DEANNA P.O. BOX 834 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.365	Nonpriority creditor's name and mailing address PACK, EARL J P.O. BOX 834 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.366	Nonpriority creditor's name and mailing address PACWEST MACHINERY LLC 3107 TRENT E SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$631.18
3.367	Nonpriority creditor's name and mailing address PAPE MATERIAL HANDLING 5518 BROADWAY E SPOKANE, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.25
3.368	Nonpriority creditor's name and mailing address PAPEX INC 230 WATLINE AVENUE MISSISSAUGA, ON L4Z 1P4 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,682.17

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3.369	Nonpriority creditor's name and mailing address PARAMOUNT SUPPLY CO PO BOX 1049 VERADALE, WA 99037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$739.33
3.370	Nonpriority creditor's name and mailing address PARKSIDE PROPERTIES & FINANC 3917 N. POST ST SPOKANE, WA 99205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,090.21
3.371	Nonpriority creditor's name and mailing address PAUL GLAZIER LOGGING PO BOX 464 SANDPOINT, ID 83864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$744.48
3.372	Nonpriority creditor's name and mailing address PEARMAN, PERRY 8272 FERTILE VALLEY ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373	Nonpriority creditor's name and mailing address PEARSON LOGGING, LLC 698 ESTATES LOOP PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,579.79
3.374	Nonpriority creditor's name and mailing address Pend Oreille Valley Railroad 1981 BLACK ROAD Usk, WA 99180-9701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,560.00
3.375	Nonpriority creditor's name and mailing address Pension Benefit Guaranty Corp. 1200 K. Street NW Washington, DC 20005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.376	Nonpriority creditor's name and mailing address Pension Benefit Guaranty Corp. Dept. 4316 Carol Stream, IL 60122-4316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.377	Nonpriority creditor's name and mailing address PERALTA, KENNETH 1393 GREEN ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.378	Nonpriority creditor's name and mailing address PERKINS, ROBERT P O BOX 676 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.379	Nonpriority creditor's name and mailing address PEROXYCHEM LLC 0987690 BC LTD PO BOX 15573 STATION A TORONTO, ON M5W 1C1 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,315.63
3.380	Nonpriority creditor's name and mailing address PERRY, STANLEY J 8004 WRIGLEY DRIVE PASCO, WA 99301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.381	Nonpriority creditor's name and mailing address PERSYN, JOSEPH ALAN P O BOX 964 SPIRIT LAKE, ID 83869 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.382	Nonpriority creditor's name and mailing address PERSYN, KEVIN 200 S FEA AVENUE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.383	Nonpriority creditor's name and mailing address PERSYN, NEIL R 1082 LECLERC RD S NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.384	Nonpriority creditor's name and mailing address PETRIE, JR. THOMAS 10152 LECLERC ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.385	Nonpriority creditor's name and mailing address PETRIE,, SR. THOMAS W 852 LECLERC CREEK ROAD CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.386	Nonpriority creditor's name and mailing address PHILLIPS, THOMAS WAYNE 292 JADE DR NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.387	Nonpriority creditor's name and mailing address PHILLIPS,, JR. J. B. 5270 AL HIGHWAY 28 THOMASTON, AL 36783-3145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.388	Nonpriority creditor's name and mailing address PISANO, FRANK 910 NORTH MARGARET AVENUE DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.389	Nonpriority creditor's name and mailing address PLUMMER FOREST PRODUCTS INC PO BOX 788 POST FALLS, ID 83877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,150.18

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3.390	Nonpriority creditor's name and mailing address PLUMMER FOREST PRODUCTS INC PO BOX 788 POST FALLS, ID 83877-0788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88,210.26
3.391	Nonpriority creditor's name and mailing address PONDERAY EMPLOYEE ASSOCIATIO 422767 SR 20 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.00
3.392	Nonpriority creditor's name and mailing address Ponderay Employee Pension Plan c/o Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: as of 12/31/2019 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,051,000.00
3.393	Nonpriority creditor's name and mailing address PONTIUS, DENISE 664 KENT CREEK LANE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.394	Nonpriority creditor's name and mailing address POQUETTE, PETER E 16109 N. CIRRUS RD. SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.395	Nonpriority creditor's name and mailing address PORT OF PEND OREILLE DBA PEND OREILLE VALLEY RAILROAD 1981 BLACK RD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.396	Nonpriority creditor's name and mailing address POTLATCHDELTIC LAND & LUMBER 601 WEST FIRST AVENUE - SUITE 1600 SPOKANE, WA 99201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$364,023.15

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3.397	Nonpriority creditor's name and mailing address PREMIER PARTY RENTALS PO BOX 101 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.40
3.398	Nonpriority creditor's name and mailing address PRIDE POLYMERS LLC 1111 N. 20TH AVE YAKIMA, WA 98902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,401.03
3.399	Nonpriority creditor's name and mailing address PRINE, HAROLD L 402 SICELY ROAD CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.400	Nonpriority creditor's name and mailing address PROVO, DONALD L 38703 N. SHORT ROAD DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.401	Nonpriority creditor's name and mailing address PUGH, SCOTT 1714 S RAINIER STREET KENNEWICK, WA 99337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.402	Nonpriority creditor's name and mailing address PULP-SMART CONSULTING DEVELO 17817 LESLIE STREET UNIT 14 NEWMARKET, ON L3Y 8C6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.403	Nonpriority creditor's name and mailing address RAINEY, JAMES A P O BOX 1766 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.404	Nonpriority creditor's name and mailing address RALSTON, JAIME G 108 MACAVOY NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.405	Nonpriority creditor's name and mailing address RALSTON, TAMARAC 4215 E MOODY LANE MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.406	Nonpriority creditor's name and mailing address RAM TRUCKING PO BOX 398 BROWNSVILLE, OR 97327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,021.00
3.407	Nonpriority creditor's name and mailing address RAPP, DAREN 2140 WHEATLANDS AVENUE LEWISTON, ID 83501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.408	Nonpriority creditor's name and mailing address RC POWERS, KLH LLC. 2195 WESTMOND SAGLE, ID 83860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.31
3.409	Nonpriority creditor's name and mailing address REEVE, GARY 11925 N MORTON DRIVE SPOKANE, WA 99218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.410	Nonpriority creditor's name and mailing address REEVES, JOHN PADDOCK PO BOX 1476 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.411	Nonpriority creditor's name and mailing address REHN & ASSOCIATES 140 SOUTH ARTHUR SUITE 301 SPOKANE, WA 99205-5433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,358.90
3.412	Nonpriority creditor's name and mailing address REHN AND ASSOCIATES PO BOX 5433 SPOKANE, WA 99205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.00
3.413	Nonpriority creditor's name and mailing address RILEY, MICHAEL WILLIAM 12671 DUFORT ROAD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.414	Nonpriority creditor's name and mailing address ROBERG, RODNY P O BOX 383 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.415	Nonpriority creditor's name and mailing address ROBERTS, MICHAEL 1155 NORTH BAINBRIDGE ST. POST FALLS, ID 83854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.416	Nonpriority creditor's name and mailing address ROBINSON, DANIEL 2302 FLOWERY TRAIL ROAD USK, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.417	Nonpriority creditor's name and mailing address ROGERS, ELVIN ALLEN P O BOX 1537 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.418	Nonpriority creditor's name and mailing address ROLLINS, KIMBERLY 69 VILLAGE DRIVE ORMOND BEACH, FL 32174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.419	Nonpriority creditor's name and mailing address ROLLMAN, EARL F 1035 60TH STREET N GRANVILLE, ND 58741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.420	Nonpriority creditor's name and mailing address ROLLVIS SA C/O AMERICAN ROLLER SCREW 10015 PARK CEDAR DRIVE SUITE 150 CHARLOTTE, NC 28210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,800.00
3.421	Nonpriority creditor's name and mailing address RONALD J. HENTGES 2269 SUMMIT VALLEY RD ADDY, WA 99101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,493.60
3.422	Nonpriority creditor's name and mailing address ROSEBURG FOREST PRODUCTS CO. PO BOX 1088 ROSEBURG, OR 97470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,580.20
3.423	Nonpriority creditor's name and mailing address ROSEMOUNT INC PO BOX 549 CHANHASSEN, MN 55317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,016.83
3.424	Nonpriority creditor's name and mailing address ROSINSKI, CHUCK 787 FOX CREEK SPUR PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.425	Nonpriority creditor's name and mailing address ROSS MACARTHUR 398892 HWY 20 CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,873.10
3.426	Nonpriority creditor's name and mailing address ROTODYNE INC 320 NW 85TH ST SEATTLE, WA 98117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,847.00
3.427	Nonpriority creditor's name and mailing address RR DONNELLEY 421 RIVERSIDE AVE W SUITE 602 SPOKANE, WA 99201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,427.66
3.428	Nonpriority creditor's name and mailing address RUTHERFORD, BRUCE 792 PENNY LANE USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.429	Nonpriority creditor's name and mailing address RYAN HERCO FLOW SOLUTIONS 11805 NE 99TH ST SUITE 1350 VANCOUVER, WA 98682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,257.02
3.430	Nonpriority creditor's name and mailing address SANDUSKY, MICHAEL 2204 - 35TH ST NW GIG HARBOR, WA 98335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.431	Nonpriority creditor's name and mailing address SAXON, JOHN N 27505 COTTONWOOD CHATTAROY, WA 99003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.432	Nonpriority creditor's name and mailing address SAXON, JOSHUA ADAM 5727 N HEMLOCK ST SPOKANE, WA 99205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.433	Nonpriority creditor's name and mailing address SCHNEIDER, JEANINE M P.O. BOX 1090 HAMILTON, MT 59840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.434	Nonpriority creditor's name and mailing address SCHULTZ, BRENDA M 10356 S. THICKET PL. HEREFORD, AZ 85615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.435	Nonpriority creditor's name and mailing address SCHULTZ, KENNETH W 151 CARPENTER DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.436	Nonpriority creditor's name and mailing address SCHULTZ, PATRICK P O BOX 235 LOON LAKE, WA 99148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.437	Nonpriority creditor's name and mailing address SCOTT, BRADLEY J P O BOX 171 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.438	Nonpriority creditor's name and mailing address SCOTT, LARRY A 432 MCCLOUD CREEK ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.439	Nonpriority creditor's name and mailing address SCOTT, PATRICK A 6837 DEER VALLEY ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.440	Nonpriority creditor's name and mailing address SCOTT, STEVEN R 242 DALKENA ST. NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.441	Nonpriority creditor's name and mailing address SCRIBNER, JACOB M PO BOX 1591 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.442	Nonpriority creditor's name and mailing address SCRIBNER, MARK PERRY P O BOX 1425 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.443	Nonpriority creditor's name and mailing address SEGER, JEREMI ACE P O BOX 414 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.444	Nonpriority creditor's name and mailing address SETH CAMPBELL LOGGING LLC PO BOX 222 BLANCHARD, ID 83804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,654.22
3.445	Nonpriority creditor's name and mailing address SHAFFER, PATRICIA J 11212 NORTH MOFFAT ROAD MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.446	Nonpriority creditor's name and mailing address SHANE CAMPBELL TRUCKING PO BOX 14 BLANCHARD, ID 83804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,318.24
3.447	Nonpriority creditor's name and mailing address SHANHOLTZER, THOMAS P P O BOX 1185 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.448	Nonpriority creditor's name and mailing address SHANHOLTZER, TYE W 431 DANFORTH ROAD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.449	Nonpriority creditor's name and mailing address SHANHOLTZER, TYSON LEE 431 DANFORTH ROAD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.450	Nonpriority creditor's name and mailing address SHAWN BUTLER LOGGING 243 GROVES ADDITION OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,666.40
3.451	Nonpriority creditor's name and mailing address SHERWIN WILLIAMS PAINT CO 3200 E TRENT AVE BLDG 2 SUITE C SPOKANE, WA 99202-4456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.67
3.452	Nonpriority creditor's name and mailing address SHONKWILER, CHARLES M 1900 S. BEAUMONT DRIVE MOSES LAKE, WA 98837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.453	Nonpriority creditor's name and mailing address SHOPTIKAL LLC SHOPKO OPTICAL PO BOX 8402 CAROL STREAM, IL 60197-8402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.454	Nonpriority creditor's name and mailing address SILVER CITY TIMBER CO INC. PO BOX 1383 DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,340.16
3.455	Nonpriority creditor's name and mailing address SIMPSON, NATHAN 2411 S CANYON WOODS LANE SPOKANE, WA 99224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.456	Nonpriority creditor's name and mailing address SKEELS, STEVE L 4710 MARYWOOD DR SPRING, TX 77388 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.457	Nonpriority creditor's name and mailing address SLINGSHOT TRANSPORTATION INC PO BOX 610 Brooklyn, MI 49230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,321.14
3.458	Nonpriority creditor's name and mailing address SLUSSER, WILLIAM J 3025 W WOOLARD ROAD COLBERT, WA 99005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.459	Nonpriority creditor's name and mailing address SMOOT, ERICK C 6701 DEER VALLEY ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.460	Nonpriority creditor's name and mailing address SMYLY, DAVID R 2511 S.SULLIVAN RD SPOKANE VALLEY, WA 99037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.461	Nonpriority creditor's name and mailing address SNAP-ON TOOLS 1884 CAMDEN RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,079.18
3.462	Nonpriority creditor's name and mailing address SONOCO PRODUCTS CO 0123 1ST AVE LEWISTON, ID 83501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,187.61
3.463	Nonpriority creditor's name and mailing address SOUND SEAL & PACKING CO PO BOX 605 EDMONDS, WA 98020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.90
3.464	Nonpriority creditor's name and mailing address SPINELLI, ANTHONY 7010 W KENDICK AVE NINE MILE FALLS, WA 99026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.465	Nonpriority creditor's name and mailing address SPRAYING SYSTEMS COMPANY C/O FJ ALBERT & ASSOC 1720 100TH PL SUITE 102 EVERETT, WA 98208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.98
3.466	Nonpriority creditor's name and mailing address SPRING ENVIRONMENTAL INC 1011 CEDAR ST N SPOKANE, WA 99201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,571.00

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3.467	Nonpriority creditor's name and mailing address STANG, DANIEL LEE 82 DEVIL`S DRIVE CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.468	Nonpriority creditor's name and mailing address STANG, STACY D 18461WESTSIDE CALISPEL RD CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.469	Nonpriority creditor's name and mailing address STANTON MCDANIEL 6201 S LECLERC RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.56
3.470	Nonpriority creditor's name and mailing address STARR, MARGINIA R POST OFFICE BOX 130 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.471	Nonpriority creditor's name and mailing address STECK, MONICA P O BOX 2165 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.472	Nonpriority creditor's name and mailing address STEFFEN, KAREN A P O BOX 395 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.473	Nonpriority creditor's name and mailing address STERICYCLE INC PO BOX 6578 CAROL STREAMS, IL 60197-6578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.37

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3.474	Nonpriority creditor's name and mailing address STEWART, ELIZABETH 14526 N FAIRVIEW DRIVE MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.475	Nonpriority creditor's name and mailing address STEWART, GREG C/O STEWART-LONGHURST, PS 323 E. 2nd Ave. Suite 101 SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.476	Nonpriority creditor's name and mailing address STEWART, MARK DONALD PO BOX 248 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.477	Nonpriority creditor's name and mailing address STIGALL, AUDIE A 145 5TH ST. USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.478	Nonpriority creditor's name and mailing address STIMSON LUMBER CO - ST. MARI 7600 NORTH MINERAL DRIVE SUITE 400 SUITE 400 COEUR D'ALENE, ID 83815-7763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,092.65
3.479	Nonpriority creditor's name and mailing address STIMSON LUMBER COMPANY 7600 NORTH MINERAL DRIVE COEUR D'ALENE, ID 83815-7763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,372.72
3.480	Nonpriority creditor's name and mailing address STOCKER, MARIE 2812 S. PITTSBURG ST. SPOKANE, WA 99203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.481	Nonpriority creditor's name and mailing address STOEL RIVES LLP 760 SW NINTH AVE, SUITE 3000 PORTLAND, OR 97205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,864.65
3.482	Nonpriority creditor's name and mailing address STOLLEY, DALE 31000 N 10TH STREET SPIRIT LAKE, ID 83869 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.483	Nonpriority creditor's name and mailing address STONE, ROBERT P.O. BOX 371 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.484	Nonpriority creditor's name and mailing address STRANGE, JOEL D 296 DEER TRAIL ROAD BLANCHARD, ID 83804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.485	Nonpriority creditor's name and mailing address SUMTOTAL SYSTEMS, LLC 600 PARISIPPANY RD 2ND FLOOR PARSIPPANY, NJ 03062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,612.94
3.486	Nonpriority creditor's name and mailing address SVOBODA, JEFF 363 FRISSELL ROAD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.487	Nonpriority creditor's name and mailing address SWEGLE, TODD 15215 N GLENEDEN SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.488	Nonpriority creditor's name and mailing address SWIFT TRANSPORTATION PO BOX 643956 CINCINNATI, OH 45264-3956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,203.09
3.489	Nonpriority creditor's name and mailing address Swift Transportation PO BOX 643985 Pittsburgh, PA 15264-3985 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124,028.73
3.490	Nonpriority creditor's name and mailing address TACOMA SCREW PRODUCTS, INC. 229 SOUTH HOWE ROAD SPOKANE VALLEY, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,833.55
3.491	Nonpriority creditor's name and mailing address TATGE, GAYLENE 1141 DAVIS ROAD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.492	Nonpriority creditor's name and mailing address TATGE, TROY M 1141 DAVIS ROAD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.493	Nonpriority creditor's name and mailing address TAYLOR, CHARLES 5816 NORTH CHRISTY LANE SPOKANE, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.494	Nonpriority creditor's name and mailing address TECHNICHEM CORP 1 N MAPLE GROVE ROAD BOISE, ID 83704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.19

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3.495	Nonpriority creditor's name and mailing address TECHNIDYNE CORP 100 QUALITY AVE NEW ALBANY, IN 47150-2272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$702.00
3.496	Nonpriority creditor's name and mailing address TIEDE, CASEY RYAN 631 N WASHINGTON AVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.497	Nonpriority creditor's name and mailing address TIEDE, DANIEL F 552 LEVITCH RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.498	Nonpriority creditor's name and mailing address TIEDE, JOSHUA DANIEL 631 N WASHINGTON AVENUE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.499	Nonpriority creditor's name and mailing address TIM BENDICKSON 29703 HIGHWAY 57 PRIEST RIVER, ID 83856-9642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,502.37
3.500	Nonpriority creditor's name and mailing address TIMBER SOLUTIONS LLC 34 HALLIE WOOD LANE PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,006.00
3.501	Nonpriority creditor's name and mailing address Total Quality Logistics PO BOX 634558 Cincinnati, OH 45263-4558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,362.14

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3.502	Nonpriority creditor's name and mailing address Transfix 111 WEST 19TH ST, 6TH FLOOR New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,962.83
3.503	Nonpriority creditor's name and mailing address TRAUTMAN, TODD BLAINE PO BOX 1874 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.504	Nonpriority creditor's name and mailing address TRYBAN, DEVIN MATTHEW 408 GLIDDEN AVE PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.505	Nonpriority creditor's name and mailing address TW Transport, Inc. 7405 S. HAYFORD RD. Cheney, WA 99004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,559.96
3.506	Nonpriority creditor's name and mailing address ULSTAD, JOSHUA M 16320 N HATCH RD APT 603 COLBERT, WA 99005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.507	Nonpriority creditor's name and mailing address UNION PACIFIC PO BOX 502453 St Louis, MO 63150-2453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,591.00
3.508	Nonpriority creditor's name and mailing address UNIT PROCESS CO 834 80TH ST SW SUITE 300 EVERETT, WA 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,713.72

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3.509	Nonpriority creditor's name and mailing address UNITED CONVEYOR CORP 60 GENTILE ST E LAYTON, UT 84041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,241.16
3.510	Nonpriority creditor's name and mailing address V ALEXANDER & CO, INC 51 GERMANTOWN COURT SUITE 300 MEMPHIS, TN 38018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,583.72
3.511	Nonpriority creditor's name and mailing address VAAGEN BROS LUMBER INC. 565 WEST 5TH AVENUE COLVILLE, WA 99114-2113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,223.20
3.512	Nonpriority creditor's name and mailing address VALMET INC (CONSI-WA) FIBERT 2425 COMMERCE AVE NW SUITE 100 DULUTH, GA 30096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,569.44
3.513	Nonpriority creditor's name and mailing address VALMET INC. 34320 PACIFIC HWY S FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,126.80
3.514	Nonpriority creditor's name and mailing address VALMET INC. 2900 COURTYARDS DR NORCROSS, GA 30071-1554 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,027.60
3.515	Nonpriority creditor's name and mailing address VALMET, INC. 1280 WILLOWBROOK Beloit, WI 53511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,470.40

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3.516	Nonpriority creditor's name and mailing address VALMET, INC. (AUTOMATION) 120 INTERSTATE WEST PKWY SUITE 450 LITHIA SPRINGS, GA 30122-3215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,369.09
3.517	Nonpriority creditor's name and mailing address VANDEVANTER, THOMAS L 51 WOODLAND DRIVE NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.518	Nonpriority creditor's name and mailing address VAUGHN, CARL 2501 NE 138TH AVE., APT 58 VANCOUVER, WA 98684 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.519	Nonpriority creditor's name and mailing address VAUGHN, GREGORY E 6216 RAE LANE COLBERT, WA 99005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.520	Nonpriority creditor's name and mailing address VEGA AMERICAS, INC. 4170 ROSSLYN DRIVE CINCINNATI, OH 45209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,899.68
3.521	Nonpriority creditor's name and mailing address VENEER CHIP TRANSPORT, INC. 2205 PACIFIC HIGHWAY EAST TACOMA, WA 98424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,075.00
3.522	Nonpriority creditor's name and mailing address VERITY, LAURA B 111 BERYL COURT NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.523	Nonpriority creditor's name and mailing address VIBRATRONICS INC 7303 FRONTIER DR GREENWELL SPRINGS, LA 70739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.00
3.524	Nonpriority creditor's name and mailing address VISIONARY BROADBAND 1001 S DOUGLAS HWY SUITE 201 GILLETTE, WY 82716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,602.99
3.525	Nonpriority creditor's name and mailing address VOGEL, GLORIA 2441 FLOWERY TRAIL RD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.526	Nonpriority creditor's name and mailing address VOGEL, VANCE J 10102 N WELLEN LANE SPOKANE, WA 99218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.527	Nonpriority creditor's name and mailing address VWR 355 TRECK DR SEATTLE, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.41
3.528	Nonpriority creditor's name and mailing address WALDEN, FARREN 631 NORTH WARREN NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.529	Nonpriority creditor's name and mailing address WALJO SHEARD LLC ATTN: WALTER SHEARD 2603 S SONNYBROOK LANE SPOKANE VALLEY, WA 99037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.30

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3.530	Nonpriority creditor's name and mailing address WALKUP, LONNIE 37165 HWY 41 OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.531	Nonpriority creditor's name and mailing address WALLIS, II ROBERT P 751 HERBS DR. NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.532	Nonpriority creditor's name and mailing address WALTON, ANDREW ISAAC 2613 E WINGER ROAD MEAD, WA 99021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.533	Nonpriority creditor's name and mailing address WAREHOUSE SPECIALISTS, LLC WAREHOUSE SPECIALISTS, LLC 1160 N MAYFLOWER DRIVE APPLETON, WI 54913 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,386.05
3.534	Nonpriority creditor's name and mailing address WARREN SIMPSON PO BOX 39 FORD, WA 99013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,452.40
3.535	Nonpriority creditor's name and mailing address WARREN, STEVEN JAMES 534 W 3RD STREET NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.536	Nonpriority creditor's name and mailing address Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.537	Nonpriority creditor's name and mailing address Washington Dept. of Health 16201 E. Indiana Ave. Spokane, WA 99216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.538	Nonpriority creditor's name and mailing address WASHINGTON TRUCKING, INC PO BOX 3279 ARLINGTON, WA 98223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$816.00
3.539	Nonpriority creditor's name and mailing address WATSON MARLOW/BREDEL PUMPS 37 UPTON TECHNOLOGY PARK WILMINGTON, MA 01887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.58
3.540	Nonpriority creditor's name and mailing address WEAVER, BONNIE J 107 EAST H ST APT 302B DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.541	Nonpriority creditor's name and mailing address WEBECO LLC 3774 WEST BEAN AVENUE HAYDEN, ID 83835 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,947.34
3.542	Nonpriority creditor's name and mailing address WEBER, SHARON 132 LARCH STREET NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.543	Nonpriority creditor's name and mailing address WEBER, WARREN P P O BOX 1500 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.544	Nonpriority creditor's name and mailing address WEDGE WOOD PRODUCTS ATTN: VICKIE LYNN HALEY 6092 COYOTE TRAIL NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,621.60
3.545	Nonpriority creditor's name and mailing address WEISBARTH, GEORGE 92 JORGENS ROAD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.546	Nonpriority creditor's name and mailing address WELSH, MARGARET P 12431 SR 27 PALOUSE, WA 99161 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.547	Nonpriority creditor's name and mailing address WESCO CASCADE CONTROLS CORP 2025 E TRENT AVE SPOKANE, WA 99202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,129.89
3.548	Nonpriority creditor's name and mailing address WESTERN POLYMER CORP 32 ROAD R SE MOSES LAKE, WA 98837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,929.68
3.549	Nonpriority creditor's name and mailing address WESTERN STATES EQUIPMENT CO PO BOX 38 BOISE, ID 83707-0038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.37
3.550	Nonpriority creditor's name and mailing address WESTERN TRANSPORT, LLC. PO BOX 671 SHERIDAN, WY 82801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,408.30

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3.551	Nonpriority creditor's name and mailing address WHEELER INDUSTRIES INC NORTH 1118 HOWE ROAD SPOKANE, WA 99212-0917 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,870.00
3.552	Nonpriority creditor's name and mailing address WHITE, HUGH WILLIAM 1011 EAST SHARPSBURG AVE #540 SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.553	Nonpriority creditor's name and mailing address WHITE, KEVIN DAVID 1045 PENINSULA ROAD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.554	Nonpriority creditor's name and mailing address WIESE, CALEB BOX 515 NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.555	Nonpriority creditor's name and mailing address WILLIAMS, EDGE L 3921 W SHAWNEE LANE SPOKANE, WA 99208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.556	Nonpriority creditor's name and mailing address WILLIAMSON, JOSHUA P O BOX 990 USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.557	Nonpriority creditor's name and mailing address WILLNER, DANIEL J 1001 W WALNUT NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.558	Nonpriority creditor's name and mailing address Wilson Logistics PO BOX 874037 Kansas City, MO 64187-4037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148,780.63
3.559	Nonpriority creditor's name and mailing address WILSON, CHRISTOPHER MICHAEL 8720 E MANSFIELD SPOKANE VALLEY, WA 99212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.560	Nonpriority creditor's name and mailing address WILSON, KEITH W 951 BOND ROAD CUSICK, WA 99119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.561	Nonpriority creditor's name and mailing address WINCHESTER, CAROLE 209 HARTWELL LAKE DR SENECA, SC 29678 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.562	Nonpriority creditor's name and mailing address WISE LOGGING LLC 4617 BELLSTAR RD CLAYTON, WA 99110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$903.03
3.563	Nonpriority creditor's name and mailing address WISE, NEWTON 1261 JERMAIN RD NEWPORT, WA 99156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.564	Nonpriority creditor's name and mailing address WOOD, CHARLES R 1971 ALEXANDER RD SILSBEE, TX 77656 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Case number (if known) **20-01309**

3.565	Nonpriority creditor's name and mailing address WOOD, STEVEN R 2266 E SUNDOWN DRIVE COEUR D ALENE, ID 83815 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.566	Nonpriority creditor's name and mailing address WYLIE, SHANELLE 20 E LAKEVIEW BLVD PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.567	Nonpriority creditor's name and mailing address XEROX CORPORATION 45 GLOVAR AVENUE NORWALK, CT 06856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$855.90
3.568	Nonpriority creditor's name and mailing address YARBER, DENVER L 13752 LECLERC ROAD USK, WA 99180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.569	Nonpriority creditor's name and mailing address YARBER, RONALD M 3010 WESTMORELAND ROAD DEER PARK, WA 99006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.570	Nonpriority creditor's name and mailing address YORK, DAVID P O BOX 111 PRIEST RIVER, ID 83856 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.571	Nonpriority creditor's name and mailing address YORK, MARK B 5341 HOODOO LOOP OLDTOWN, ID 83822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Ponderay Newsprint Company**
Name

Case number (if known) **20-01309**

3.572 Nonpriority creditor's name and mailing address

**ZAREN, ROBERT T
POST OFFICE BOX 955
COULEE, WA 99115**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.573 Nonpriority creditor's name and mailing address

**ZIEGLER, CHRISTOPHER G
18421 N BOSTON ROAD
COLBERT, WA 99005**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.574 Nonpriority creditor's name and mailing address

**ZIESKE, DALENE R
P O BOX 724
NEWPORT, WA 99156**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **0.00**
5b. + \$ **21,134,201.28**

5c. \$ **21,134,201.28**

Fill in this information to identify the case:

Debtor name **Ponderay Newsprint Company**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**

Case number (if known) **20-01309**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Service and Support Agreement**

State the term remaining

List the contract number of any government contract

**Aldata Software Management
211 Pembina Ave, Suite 203
Hinton, AV T7V 2B3, Canada**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Software License Agreement**

State the term remaining

List the contract number of any government contract

**Aspen Technology, Inc
20 Crosby Drive
Bedford, MA 01730**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Asten Johnson
4339 Corporate RD
North Charleston, SC 29405**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**BASF Corporation
100 Park Ave
Florham Park, NJ 07932**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Warehousing Agreement**

State the term remaining

List the contract number of any government contract

**BSP Warehousing & Distribution, Inc
11430 Ferrell Drive #600
Dallas, TX 75234**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Buckman
1256 North McLean Blvd
Memphis, TN 38108**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Warehousing Agreement**

State the term remaining

List the contract number of any government contract

**Cal Cargo
2816 W. Winton Ave
Hayward, CA 94546**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**Canon Solutions America, Inc
10102 E. Knox Avenue- Suite 400
Spokane, WA 99206**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Cascades Sonoco
1 North Second Street
Hartsville, SC 29550**

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**Cintas Corp
3808 N. Sullivan RD BLDG N-1
Spokane, WA 99212**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Contract to support our JDE financial system.**

State the term remaining

List the contract number of any government contract

**CSS International, Inc.
Attn: Todd Griffith
115 River Landing Drive
Charleston, SC 29492**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Ediwise
690 Dorval Drive, Suite 425
Oakville, ON Canada**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest **Service and Support Agreement**

State the term remaining

List the contract number of any government contract

**Exbabylong LLC
204 Walnut St
Newport, WA 99156**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest **Warehousing Agreement**

State the term remaining

List the contract number of any government contract

**Freeport Distribution
PO Box 6628
Phoenix, AZ 85005**

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Graymont
585 W Southridge Way
Sandy, UT 84070**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **Licensing and support**

**Honeywell
1280 Meadow Drive
Cincinnati, OH 45240**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Support Agreement**

State the term remaining

List the contract number of any government contract _____

**HPE through Insight Direct USA
6820 Harl Ave S Tempe
Tempe, AZ 85283**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract _____

**Intellitrans
133 Peachtree St NE Suite 3050
Atlanta, GA 30303**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract _____

**International Raw Materials LTD
150 S. Independence Mall W STE 700
Philadelphia, PA 19106**

- 2.20. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**Metro Park Warehouses, Inc.
6920 Executive Drive
Fence, WI 54120**

- 2.21. State what the contract or lease is for and the nature of the debtor's interest **Warehousing Agreement**

State the term remaining

List the contract number of any government contract _____

**Pacific Terminals LTD.
3480 W. Marginal S.W.
Seattle, WA 98106**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**Papex
230 Watline Av,
Mississauga, Ontario L4Z 1P4**

2.23. State what the contract or lease is for and the nature of the debtor's interest **On-Site Chipping Services Agreement**

State the term remaining

List the contract number of any government contract

**Plummer Forest Products
401 N Potlatch Rd
Post Falls, ID 83854**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**POVA
1981 Black Rd
Usk, WA 99180**

2.25. State what the contract or lease is for and the nature of the debtor's interest **July 10, 1986 Fiber Mill Power Sales Contract,, as amended.**

State the term remaining

List the contract number of any government contract

**Public Utility District No. 1
Pend Oreille County
130 N. Washington
Newport, WA 99156**

2.26. State what the contract or lease is for and the nature of the debtor's interest **July 10, 1986 Paper Plant Power Sales Contract, as amended.**

State the term remaining

List the contract number of any government contract

**Public Utility District No. 1
Pend Oreille County
130 N. Washington
Newport, WA 99156**

2.27. State what the contract or lease is for and the nature of the debtor's interest **February 6, 2018 Settlement Agreement and Release**

State the term remaining

List the contract number of any government contract

**Public Utility District No. 1
Pend Oreille County
130 N. Washington
Newport, WA 99156**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.28. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**RMIS
5388 Sterling Center Drive
Westlake Village, CA 91361**

- 2.29. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Sonoco
1 North Second Street
Hartsville, SC 29550**

- 2.30. State what the contract or lease is for and the nature of the debtor's interest **Warehousing Agreement**

State the term remaining

List the contract number of any government contract

**Stagecoach Cartage & Distribution,
7167 Chino
El Paso, TX 79915**

- 2.31. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**State Protection Services INC
7011 E. Trent Ave. Suite 102
Spokane, WA 99212**

- 2.32. State what the contract or lease is for and the nature of the debtor's interest **Support Agreement**

State the term remaining

List the contract number of any government contract

**Trinoor LLC
125 Church St. Suite 100
Marietta, GA 30060**

- 2.33. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

**Valmet
2425 Commercial Ave
Winamac, IN 46996**

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.34. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract _____

Valmet
1280 Willowbrook
Beloit, WI 53511

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract _____

Visionary BroadBand
101 S Douglas Hwy STE 201
Gillette, WY 82716

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **Collective Bargaining Agreement**

State the term remaining

List the contract number of any government contract _____

Western Pulp Paper Workers AWPPW
1430 SW Clay St,
Portland, OR 97201

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Warehousing Agreements with WSI - Glendale WSI - Pomona-Southwest Offset Gardena WSI - Pomona- Press Enterprises - Riverside**

State the term remaining

List the contract number of any government contract _____

WSI
1160 North Mayflower Drive
Appleton, WI 54913

- 2.38. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract _____

Xerox Corporation
P. O. Box 827598
Philadelphia, PA 19182

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract _____

Fill in this information to identify the case:Debtor name **Ponderay Newsprint Company**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**Case number (if known) **20-01309**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name **Ponderay Newsprint Company**United States Bankruptcy Court for the: **EASTERN DISTRICT OF WASHINGTON**Case number (if known) **20-01309**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$33,312,585.00****For prior year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other _____**\$127,509,047.00****For year before that:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$146,046,611.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**For prior year:**From **1/01/2019** to **12/31/2019****Interest on restricted cash****\$215,000.00****For year before that:**From **1/01/2018** to **12/31/2018****Interest on restricted cash****\$62,382.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attached list		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Lake Superior Forest Products Inc. 111 Robert-Bourassa Blvd. Montreal, Quebec, H3C 2M1, Canada Former General Partner		\$1,379,029.00	Mgt fees, sales commissions and Transition service fees \$843,159.00 Legal Fee reimbursements \$535,870.00
4.2. Wingate Paper Company Van C. Durrer, II Skadden Arps Slate Meagher & Flom 300 S. Grand Ave #3400 Los Angeles, CA 90071 Former General Partner		\$35,710.67	Payee: McClatchy Properties Legal Fee reimbursements
4.3. MNG Paper Company LLC c/o Lisa G. Beckerman Akin Gump Strauss Hauer & Feld One Bryant Park New York, NY 10036 General Partner		\$35,708.67	Legal Fee reimbursements
4.4. Indiana Newspapers LLC c/o Nancy A. Peterman Greenberg Taurig 77 W. Wacker Drive Chicago, IL 60601 General Partner		\$35,708.67	Legal Fee reimbursements
4.5. Myron Johnson 422767 WA-20 Usk, WA 99180 President		\$548,233.00	Wages and Severance per best estimate due to inability to immediately access information from prior payroll service
4.6. Steve Wood 422767 WA-20 Usk, WA 99180 Chief Financial Officer		\$213,040.00	Wages and Severance

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Bush Kornfeld LLP 601 Union St., #5000 Seattle, WA 98101-2373		06/25/2020	\$60,000.00
	Email or website address bskd.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Ponderay Pension

Employer identification number of the plan

EIN: **91-1279303**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
K&N Electric 415 Francher North Spokane, WA 99210	Myron Johnson	electric motors, bushings, magnets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Valmet Inc. 2425 Commerece Ave NW Suite 100 Duluth, GA 30096	Myron Johnson	sensors and refiner plates	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☒ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
No Case Title. Notice of Penalty, violating RCW chapter 70.94 Docket # 13716	Washington Department of Ecology 4601 N. Monroe Street Spokane, WA 99205	Notice of Violation and civil penalty for operation of an unpermitted stationary internal combustion engine.	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
No Case Title. Notice of Violation No. 03AQER-5048	Washington Department of Ecology 4601 N. Monroe St. Spokane, WA 99205	Notice of violation was issued because it was determined (based on boiler source testing April 16, 2002 measuring NOx and PM10 emissions) the facility to be a major source subject to the title V program.	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
No Case Title. Potential to Emit (PTE) for VOC was greater than 100 tons per year Notice of Violation	Washington Department of Ecology 4601 N. Monroe St. Spokane, WA 99205	Notice of Violation No. 3975, and Settlement Agreement and Agreed Order No. 3996. Violations identified were operation of the facility after the time the date required for submittal of a complete AOP application, failure to submit a timely AOP application, and exceeding the VOC emission limitation in Air Order (permit).	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
- ☒ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Sanitary liftstation overflow at WWT. Sanitary wastewater overflow onto the ground of approximately 20 gallons * Notice also given to WA State Department of Health	1/16/2020
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Diesel fuel spill (40-50 gallons) from Big Sky (contrator) pump truck that occurred just south of WWT building. * Notice also given to National Response Center	6/26/2019
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Approximately 1,000 gallons of mill whitewater (process water with small amount of pulp fiber) overflowed into the stormwater channel.	6/28/2018
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Estimated to be 50 gallons of mill whitewater (process water with small amount of pulp fiber) during the process of restarting.	10/6/2017
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Diesel fuel spill (40-50 gallons) from Big Sky (contrator) pump truck that occurred just south of WWT building.	9/29/2017
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 150 gallons of mill whitewater (process water with small amount of pulp fiber) overflowed while the mill was in the process of restarting production	9/27/2017

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Sanitary liftstation overflow at WWT. Sanitary wastewater overflow onto the ground of approximately 40 gallons. * Notice also given to WA State Department of Health	6/23/2017
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Process water overflow onto 3rd street and into stormwater ditch.	6/9/2017
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Approx. 500 gallons process water overflow during startup.	4/27/2016
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Approximately 1-3 gallons of the caustic solution to the effluent water. Final effluent pH elevated to a peak point of 11.09. The final effluent pH exceeded the permit threshold of 9.0 for 12 minutes and exceeded the permit limit of 10.0 for 8 minutes.	2/18/2016
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Approximately 100 gallons of partially treated mill effluent splashed out of the Sulfite Aeration Cooling (SAC) when subsurface blower air piping failed	8/13/2014
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Approximately 150 gallons of effluent spilled out of a hole that formed in the top of the primary clarifier outfall pipe	7/14/2014
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice WWT PRC Process overflow	11/22/2013

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Spill < 1000 gallons of either treated mill effluent or diluted activated sludge on the gravel between the two secondary clarifiers and between the lift station and storm sump.	7/30/2013
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Overflow of approximately about 2,000 gallons of treated effluent from the lagoon. * Notice also given to WA Emergency Response Center	1/10/2013
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Lubricating oil in the drainage ditch West of the paper machine building. * Notice also given to WA Emergency Response Center and National Response Center	11/21/2012
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Sanitary sewer sump overflow by the water treatment building.	10/13/2012
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 1000 – 2000 gallons of treated final effluent and secondary sludge while draining secondary clarifier #2	7/14/2012
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 500 – 1000 gallons of treated final effluent on between due to the failure of a level indicator at WWT	6/20/2012
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 100-500 gallons process water overflow during startup of papermachine.	5/16/2006
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 100-500 gallons process water overflow during startup of papermachine.	5/12/2006

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 100 gallons process water overflow during startup.	8/3/2005
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Godon Trucking semi punctured a saddle tank on our property on 6/15, releasing approximately 60 gallons of diesel fuel to the ground.	6/15/2005
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 100-500 gallons process water overflow during startup.	5/24/2005
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Process water spill from corroded underground line.	4/21/2005
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 200 gallons process water overflow during startup of papermachine.	10/7/2004
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Process water spill at water treatment.	6/16/2003
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice 75 gallons of a mixture of process and mill water flowed across the parking lot and into a stormwater ditch which drains into a field across the highway from pulp tank overflowing during a process upset.	6/24/2002
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Approx. 300 gallons of process water overflowed during startup of paper machine.	5/16/2001
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Approximately 500 gallons of process water overflowed during the process of shutting down the mill for an extended (approx. 60 hours) outage.	5/17/1999

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Ponderay Newsprint Co. 422767 Hwy 20 Usk, WA 99180	Washington Dept. of Ecology 4601 N. Monroe St. Spokane, WA 99205	Description of Notice Effluent was backed up and came out a manhole Southwest of the lift station.	11/28/1997

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Steve Wood 422767 Hwy 20 Usk, WA 99180	August 2012-June 2020
26a.2. Garcy Girus 422767 Hwy 20 Usk, WA 99180	October 2011-June 2020

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. BDO USA 601 W. Riverside Ave Spokane, WA 99201	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Steve Wood 422767 Hwy 20 Usk, WA 99180	
26c.2. Garcy Girus 422767 Hwy 20 Usk, WA 99180	

Name and address**If any books of account and records are unavailable, explain why**

26c.3. **BDO USA**
601 Riverside Ave.
Suite 900
Spokane, WA 99201

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Resolute Forest Products**
111 Robert-Bourassa Blvd.
Montreal, Quebec, H3C 2M1, Canada

26d.2. **McClatchy**
Skadden Arps Slate Meagher
300 S. Grand Ave., Ste. 3400
Los Angeles, CA 90071

26d.3. **Gannett**
7950 Jones Branch Drive
Mc Lean, VA 22107

26d.4. **Media News**
c/o Lisa G. Beckerman
Akin Gump Strauss Hauer & Feld
One Bryant Park
New York, NY 10036

26d.5. **Capital One NA**
P.O. Box 6002
New Orleans, LA 70160

26d.6. **AMAG Credit**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

27.1 **Dependant upon department**

Net Book Value

Raw materials inventory \$1,679,000.00

Work in progress inventory \$

54,000.00

Finished good inventory \$1,651,000.00

May 30, 2020

Name and address of the person who has possession of inventory records

Ponderay Newsprint Co.
422767 Hwy 20
Usk, WA 99180

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Myron L. Johnson		President	
Name	Address	Position and nature of any interest	% of interest, if any
Steve Wood		Chief Financial Officer	
Name	Address	Position and nature of any interest	% of interest, if any
MNG Paper Company, LLC	c/o Lisa G. Beckerman Akin Gump Strauss Hauer & Feld One Bryant Park New York, NY 10036	General Partner	
Name	Address	Position and nature of any interest	% of interest, if any
Indiana Newspapers LLC	c/o Nancy A. Peterman Greenberg Traurig 77 W. Wacker Drive Chicago, IL 60601	General Partner	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Lake Superior Forest Products, Inc.	Richard Tremblay, Vice President 111 Robert-Bourassa Blvd. Montreal, Quebec, H3C 2M1, Canada	General Partner	September 12, 1985 May 8, 2020 Notice of Withdrawal From Partnership

Name	Address	Position and nature of any interest	Period during which position or interest was held
Tribune Newsprint Company	Van C. Durrer, II Skadden Arps Slate Meagher 300 S. Grand Ave., Ste. 3400 Los Angeles, CA 90071	General Partner 13.5%	September 12, 1985 April 30, 2020 Order Authorizing Rejection of Partnership Agreement and Abandonment of Partnership Interests in Ponderay Newsprint Company, In re The McClatchy Company et al, Chapter 11 United States Bankruptcy Court for the Southern District of New York, Case No. 20-10418.
Name	Address	Position and nature of any interest	Period during which position or interest was held
Newsprint Ventures Inc.	Van C. Durrer, II Skadden Arps Slate Meagher 300 S. Grand Ave., Ste. 3400 Los Angeles, CA 90071	General Partner 10%	September 12, 1985 April 30, 2020 Order Authorizing Rejection of Partnership Agreement and Abandonment of Partnership Interests in Ponderay Newsprint Company, In re The McClatchy Company et al, Chapter 11 United States Bankruptcy Court for the Southern District of New York, Case No. 20-10418.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Wingate Paper Company	Van C. Durrer, II Skadden Arps Slate Meagher 300 S. Grand Ave., Ste. 3400 Los Angeles, CA 90071	General Partner 3.5%	September 12, 1985 April 30, 2020 Order Authorizing Rejection of Partnership Agreement and Abandonment of Partnership Interests in Ponderay Newsprint Company, In re The McClatchy Company et al, Chapter 11 United States Bankruptcy Court for the Southern District of New York, Case No. 20-10418.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See answers to SOFA Question 4.			
Relationship to debtor			

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☐ No
☒ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
Ponderay Newsprint	EIN: 91-1279303

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 29, 2020**

/s/ Myron L. Johnson

Signature of individual signing on behalf of the debtor

Myron L. Johnson

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

		Source of information
		JDE Cash account 140.11110.5292
		Time period 04/26/2020 to 06/26
PUBLIC UTILITY DISTRICT	(3,184,247.82)	Suppliers or Vendors
5/1/2020	(469.50)	
5/8/2020	(862.82)	
5/11/2020	(1,058,181.61)	
5/21/2020	(1,059,084.83)	
5/29/2020	(0.05)	
6/9/2020	(1,065,649.01)	
AMERICAN AGCREDIT	(1,019,941.24)	Secured Debt and Interest
5/1/2020	(3,157.98)	
5/8/2020	(1,008,631.69)	
6/4/2020	(848.90)	
6/9/2020	(7,302.67)	
POTLATCHDELTIC LAND & LUMBER,	(817,665.00)	Suppliers or Vendors
5/1/2020	(215,114.02)	
5/29/2020	(282,944.39)	
6/11/2020	(319,606.59)	
FIDELITY INVESTMENTS	(780,852.28)	Services 401k Plan
5/1/2020	(119,032.24)	
6/26/2020	(40,000.00)	
6/25/2020	(621,820.04)	
Burlington Northern Sante Fe R	(740,992.09)	Suppliers or Vendors
5/1/2020	(552,019.04)	
5/31/2020	(188,973.05)	
BUCKMAN LABORATORIES INC.	(381,578.79)	Suppliers or Vendors
5/1/2020	(87,464.64)	
5/6/2020	(99,954.65)	
5/22/2020	(56,382.98)	
5/29/2020	(90,197.95)	
6/2/2020	(47,578.57)	
IDAHO FOREST GROUP	(346,978.44)	Suppliers or Vendors
5/1/2020	(121,750.30)	
5/29/2020	(205,084.94)	
6/4/2020	(20,143.20)	
CASCADES SONOCO INC	(323,807.17)	Suppliers or Vendors
5/6/2020	(69,346.13)	
5/29/2020	(126,989.99)	
6/2/2020	(43,543.88)	
6/4/2020	(41,516.62)	

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

6/9/2020	(42,410.55)	
C. H. Robinson	(321,365.56)	Suppliers or Vendors
5/1/2020	(321,365.56)	
UNITED HEALTHCARE INSURANCE CO	(307,774.20)	Services (Medical Insurance)
5/1/2020	(109,220.37)	
6/2/2020	(105,155.89)	
6/26/2020	(93,397.94)	
PEND OREILLE COUNTY TREASURER	(300,284.20)	Other (Property Taxes)
4/29/2020	(300,284.20)	
QUAD GRAPHICS (PARENT)	(274,762.68)	Other (Customer Rebates)
5/1/2020	(274,762.68)	
ASCENSUS SPECIALTIES LLC	(217,510.94)	Suppliers or Vendors
4/28/2020	(48,640.94)	
5/1/2020	(56,625.41)	
5/29/2020	(56,444.61)	
6/4/2020	(55,799.98)	
Crete Carrier Corporation	(213,708.85)	Suppliers or Vendors
5/31/2020	(213,708.85)	
FPRS wire payments	(206,871.15)	Services 401k Plan
4/30/2020	(206,871.15)	
ALBANY INTERNATIONAL CORP	(138,373.60)	Suppliers or Vendors
5/29/2020	(63,839.08)	
6/2/2020	(74,534.52)	
VALMET, INC.	(133,809.78)	Suppliers or Vendors
5/1/2020	(18,998.72)	
5/6/2020	(34,138.10)	
5/8/2020	(908.16)	
5/29/2020	(77,737.80)	
6/9/2020	(2,027.00)	
PLUMMER FOREST PRODUCTS INC	(128,008.29)	Suppliers or Vendors
5/8/2020	(80,894.02)	
5/29/2020	(47,114.27)	
CSS INTERNATIONAL, INC.	(125,658.04)	OTHER (Software investment JDE 9.2)
5/22/2020	(30,000.00)	
6/2/2020	(95,658.04)	
FPRS Hrly and Sal 05/31	(121,995.05)	Services 401k Plan
5/29/2020	(121,995.05)	
CITY SERVICE VALCON	(110,845.44)	Suppliers or Vendors
5/1/2020	(457.66)	
5/6/2020	(11,149.75)	
5/8/2020	(757.68)	
5/29/2020	(34,490.90)	

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

6/4/2020	(34,368.80)	
6/9/2020	(29,620.65)	
REHN & ASSOCIATES	(101,060.78)	Services (Employee Health Savings Account)
4/28/2020	(50.00)	
5/1/2020	(7,853.32)	
5/6/2020	(13,276.83)	
5/29/2020	(13,016.24)	
6/2/2020	(18,986.33)	
6/26/2020	(47,878.06)	
STATE PROTECTION SERVICES INC	(94,532.46)	Services (Security)
5/1/2020	(36,967.34)	
6/11/2020	(18,403.50)	
6/17/2020	(19,416.43)	
6/26/2020	(19,745.19)	
HONEYWELL INTERNATIONAL INC.	(92,499.70)	Other (Capital - new ERP System)
5/29/2020	(92,499.70)	
SONOCO PRODUCTS CO	(84,760.03)	Suppliers or Vendors
4/28/2020	(29,186.10)	
5/1/2020	(9,194.87)	
5/4/2020	(3,559.45)	
5/8/2020	(17,078.36)	
5/29/2020	(25,741.25)	
FREEPORT LOGISTICS INC	(72,086.13)	Services (Warehouses)
4/28/2020	(24,559.94)	
5/1/2020	(389.25)	
5/29/2020	(6,486.08)	
6/4/2020	(10,163.97)	
6/9/2020	(4,712.60)	
6/11/2020	(25,774.29)	
BDO SEIDMAN LLP	(71,500.00)	Services (Accounting/Auditing)
5/22/2020	(71,500.00)	
IDAHO FOREST GROUP LLC	(68,840.01)	Suppliers or Vendors
5/1/2020	(61,834.80)	
5/29/2020	(7,005.21)	
FPRS hourly 5/17 pr	(68,524.80)	Services 401k Plan
5/26/2020	(68,524.80)	
Pend Oreille Valley Railroad	(64,242.10)	Suppliers or Vendors
5/11/2020	(50,400.00)	
5/29/2020	(12,472.85)	
6/11/2020	(1,369.25)	
SPENCER JOHNSTON CO.	(63,187.00)	Suppliers or Vendors
6/9/2020	(63,187.00)	

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

VAAGEN BROS LUMBER INC.	(61,491.89)	Suppliers or Vendors
5/8/2020	(57,230.68)	
6/9/2020	(4,261.21)	
BUSH KORNFELD, LLP	(60,000.00)	Services (Legal)
6/25/2020	(60,000.00)	
ROSEBURG FOREST PRODUCTS CO.	(58,240.60)	Suppliers or Vendors
5/8/2020	(30,163.10)	
5/29/2020	(20,258.70)	
6/9/2020	(7,818.80)	
ANDRITZ FABRICS AND ROLLS INC	(57,332.51)	Suppliers or Vendors
5/1/2020	(57,332.51)	
ASTENJOHNSON ADVANCED FABRICS	(55,009.25)	Suppliers or Vendors
5/1/2020	(22,538.65)	
5/29/2020	(32,470.60)	
INLAND EMPIRE PAPER COMPANY	(52,020.94)	Suppliers or Vendors
5/29/2020	(38,297.22)	
6/17/2020	(13,723.72)	
STIMSON LUMBER COMPANY	(47,111.13)	Suppliers or Vendors
5/29/2020	(39,256.86)	
6/17/2020	(7,854.27)	
KMM SUPPLY CHAIN CONSULTING LL	(46,706.26)	Services (Consulting capitalized for new
5/22/2020	(46,706.26)	
LAKE SUPERIOR FOREST PRODUCTS	(44,940.41)	Services (Transition Services)
6/17/2020	(44,940.41)	
PACIFIC TERMINALS, INC.	(44,284.58)	Suppliers or Vendors
5/6/2020	(7,796.85)	
5/29/2020	(36,487.73)	
COX NEWSPRINT SUPPLY	(43,548.09)	Other (Customer Rebates)
5/2/2020	(43,548.09)	
STOEL RIVES, LLP	(41,044.50)	Services (Legal)
6/25/2020	(41,044.50)	
VIDOVICH FORESTRY CONSULTING I	(40,677.12)	Services
5/8/2020	(6,863.76)	
5/29/2020	(25,440.12)	
6/9/2020	(8,373.24)	
CITSCORP	(39,907.40)	Services
5/6/2020	(39,907.40)	
JHGA REAL ESTATE	(39,619.24)	Suppliers or Vendors
5/8/2020	(16,447.92)	
5/29/2020	(23,171.32)	
INLAND ENVIRONMENTAL RESOURCES	(35,607.86)	Services

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

5/29/2020	(8,742.72)	
6/2/2020	(18,106.50)	
6/17/2020	(8,758.64)	
PEROXYCHEM LLC	(32,887.12)	Suppliers or Vendors
4/28/2020	(17,658.39)	
5/6/2020	(15,228.73)	
CAL CARGO	(31,257.53)	Suppliers or Vendors
4/28/2020	(2,493.65)	
5/29/2020	(1,878.22)	
6/2/2020	(5,798.97)	
6/9/2020	(9,744.66)	
6/17/2020	(11,342.03)	
CANON FINANCIAL SERVICES, INC.	(29,362.40)	Other (Capital - Xerox machines)
5/29/2020	(29,362.40)	
INTELLITRANS	(26,861.50)	Services (Freight auditing)
5/1/2020	(15,000.00)	
5/29/2020	(11,861.50)	
ALLAN CRAMER LOGGING, INC	(26,202.97)	Suppliers or Vendors
5/8/2020	(6,254.87)	
5/29/2020	(11,312.43)	
6/9/2020	(8,635.67)	
CASSIDY PAPER LLC	(24,000.00)	Services (Consulting - new market devel
5/1/2020	(12,000.00)	
6/17/2020	(12,000.00)	
APPLIED INDUSTRIAL TECHNOLOGIE	(23,762.14)	Suppliers or Vendors
5/29/2020	(5,799.62)	
6/11/2020	(17,962.52)	
INDUSTRIAL PREVENTATIVE MAINTENANCE	(21,923.13)	Services
4/28/2020	(6,320.00)	
5/29/2020	(5,958.00)	
6/9/2020	(9,645.13)	
XEROX CORPORATION	(21,114.73)	Services
5/29/2020	(21,114.73)	
VOITH SULZER PAPER TECHNOLOGY	(19,464.00)	Suppliers or Vendors
5/22/2020	(19,464.00)	
DELTA DENTAL OF WASHINGTON	(18,849.35)	Services (Dental)
4/28/2020	(11,365.32)	
6/4/2020	(7,484.03)	
REGEHR LOGGING, INC.	(18,793.08)	Suppliers or Vendors
5/8/2020	(13,268.52)	
5/29/2020	(5,524.56)	
EDIWISE - A DIVISION OF	(17,240.00)	Suppliers or Vendors

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

5/4/2020	(17,240.00)	
COLUMBIA INTERNATIONAL FOREST	(17,136.35)	Suppliers or Vendors
6/4/2020	(17,136.35)	
LINCOLN FINANCIAL GROUP INS OF	(16,972.83)	Services (Life and Disability)
5/6/2020	(8,523.93)	
5/29/2020	(8,448.90)	
JOHN HANCOCK LIFE INS CO USA S	(16,878.20)	Services (Life and Disability)
5/8/2020	(11,552.04)	
5/29/2020	(4,351.36)	
6/9/2020	(974.80)	
RONALD J. HENTGES	(16,582.00)	Suppliers or Vendors
5/8/2020	(7,172.00)	
5/29/2020	(9,410.00)	
NORTH AMERICAN MECHANICAL SERV	(16,310.00)	Services
5/6/2020	(16,310.00)	
METRO PARK WAREHOUSES, INC.	(16,091.08)	Services (Warehouses)
4/28/2020	(2,096.24)	
5/1/2020	(4,110.62)	
5/29/2020	(3,365.82)	
6/17/2020	(6,518.40)	
HEXACOMB CORPORATION	(15,862.72)	Suppliers or Vendors
5/29/2020	(8,807.31)	
6/9/2020	(7,055.41)	
SYSTEM GLOBAL TIMBERLANDS CUTC	(15,004.40)	Suppliers or Vendors
5/29/2020	(14,070.00)	
6/9/2020	(934.40)	
HT X CUTCO INC.	(14,604.20)	Suppliers or Vendors
5/29/2020	(8,803.20)	
6/9/2020	(5,801.00)	
CUTLER LOGGING	(14,592.04)	Suppliers or Vendors
5/8/2020	(4,613.72)	
5/29/2020	(4,946.66)	
6/9/2020	(5,031.66)	
PAPEX INC	(13,765.16)	Suppliers or Vendors
5/4/2020	(7,765.16)	
5/29/2020	(6,000.00)	
SETH CAMPBELL LOGGING LLC	(13,585.73)	Suppliers or Vendors
5/29/2020	(4,508.75)	
6/17/2020	(9,076.98)	
KESPRY INC.	(13,450.00)	Suppliers or Vendors
6/11/2020	(13,450.00)	
JASON HESTER LOGGING	(13,304.70)	Suppliers or Vendors

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

6/9/2020	(13,304.70)	
GREG JOHNSON LOGGING, LLC	(13,261.59)	Suppliers or Vendors
5/8/2020	(6,177.87)	
5/29/2020	(4,831.20)	
6/9/2020	(2,252.52)	
AWPPW LOCAL UNION NO. 422	(13,239.16)	Other (Union Dues)
5/29/2020	(6,609.09)	
6/26/2020	(6,630.07)	
ELIZABETH MARIE HUNT	(13,110.00)	Services (Consulting on ERP System)
5/29/2020	(8,085.00)	
6/11/2020	(5,025.00)	
AMERICAN COLLOID COMPANY NW 52	(11,455.78)	Services
5/29/2020	(11,455.78)	
SPRING ENVIRONMENTAL INC	(11,304.50)	Services
5/8/2020	(1,729.50)	
5/29/2020	(6,124.75)	
6/4/2020	(3,450.25)	
ALLISON-BROCK INC	(10,999.94)	Services
5/6/2020	(2,218.95)	
5/29/2020	(2,191.91)	
6/2/2020	(2,192.82)	
6/26/2020	(4,396.26)	
KONE INC	(10,852.88)	Services
5/1/2020	(852.80)	
5/22/2020	(9,147.28)	
6/9/2020	(852.80)	
SUPPLYFORCE, LLC	(10,741.55)	Suppliers or Vendors
5/29/2020	(2,063.09)	
6/17/2020	(8,678.46)	
OXARC INC	(10,431.45)	Suppliers or Vendors
5/1/2020	(422.93)	
5/4/2020	(4,172.96)	
5/6/2020	(622.58)	
5/8/2020	(293.97)	
5/29/2020	(4,919.01)	
LIBERTY MUTUAL INSURANCE GROUP	(10,398.30)	Services
5/29/2020	(10,398.30)	
EXBABYLON LLC	(10,000.00)	Services
5/29/2020	(10,000.00)	
PULP AND PAPER PRODUCTS COUNCI	(9,974.40)	Services
5/1/2020	(4,306.23)	
5/6/2020	(5,668.17)	

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

IDAHO WEST LLC	(9,778.30)	Suppliers or Vendors
5/8/2020	(2,819.71)	
5/29/2020	(3,047.85)	
6/9/2020	(3,910.74)	
WAREHOUSE SPECIALISTS, LLC	(9,505.42)	Services
5/29/2020	(9,505.42)	
SPN CONSULTANTS INC	(8,850.00)	Services
6/11/2020	(8,850.00)	
WEDGE WOOD PRODUCTS	(8,778.00)	Suppliers or Vendors
5/29/2020	(8,778.00)	
FERGUSON FORESTRY SOLUTIONS	(8,717.98)	Suppliers or Vendors
5/8/2020	(4,238.44)	
5/29/2020	(3,431.66)	
6/9/2020	(1,047.88)	
GRAYMONT WESTERN US INC	(8,365.50)	Suppliers or Vendors
5/29/2020	(8,365.50)	
RED ROSE CARPET CLEANING	(8,000.00)	Services (Janitorial)
5/8/2020	(4,000.00)	
5/29/2020	(4,000.00)	
CH MURPHY/CLARK ULLMAN INC	(7,987.09)	Services
6/17/2020	(7,987.09)	
COMPLETE FOREST	(7,821.44)	Suppliers or Vendors
5/8/2020	(3,130.59)	
5/29/2020	(3,768.05)	
6/9/2020	(922.80)	
K & N ELECTRIC	(7,446.74)	Services
5/1/2020	(281.28)	
5/29/2020	(1,080.00)	
6/11/2020	(6,085.46)	
INLAND PIPE & SUPPLY	(7,388.34)	Services
6/11/2020	(7,388.34)	
FAST WAY FREIGHT MANAGEMENT, L	(7,357.27)	Services
5/4/2020	(1,256.55)	
5/8/2020	(2,368.50)	
5/29/2020	(1,611.68)	
6/4/2020	(438.59)	
6/9/2020	(1,681.95)	
INGREDION INCORPORATED	(7,155.00)	Services
5/4/2020	(7,155.00)	
6/2/2020	0.00	
TIMBER SOLUTIONS LLC	(6,843.62)	Services
5/29/2020	(6,843.62)	

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

MCLANE LAW	(6,555.00)	Services
6/25/2020	(6,555.00)	
KADANT SOLUTIONS LOCKBOX	(6,437.34)	Services
4/28/2020	(3,836.38)	
5/29/2020	(2,600.96)	
HCL TECHNOLOGIES LIMITED	(6,375.30)	Services
5/1/2020	(6,375.30)	
PEARSON LOGGING, LLC	(6,369.56)	Suppliers or Vendors
5/29/2020	(6,369.56)	
ALDATA SOFTWARE MANAGEMENT	(6,343.75)	Services
5/29/2020	(6,343.75)	
BRENNTAG PACIFIC INC	(6,219.40)	Suppliers or Vendors
5/4/2020	(6,219.40)	
KNIGHT CONSTRUCTION & SUPPLY	(6,180.25)	
5/29/2020	(6,180.25)	
CRAIG A. RIPPLINGER	(6,090.00)	
5/4/2020	(2,700.00)	
6/9/2020	(3,390.00)	
SOUND SEAL & PACKING CO	(6,039.39)	
5/29/2020	(6,039.39)	
ABRAM LOGGING, INC.	(5,967.54)	
5/29/2020	(5,967.54)	
NEWPORT EQUIPMENT ENTERPRISES	(5,964.60)	
4/28/2020	(5,964.60)	
GRAHAM BUSINESS VENTURES	(5,866.99)	
5/8/2020	(1,691.83)	
5/29/2020	(1,828.71)	
6/9/2020	(2,346.45)	
EXCESS DISPOSAL SERVICE INC	(5,746.92)	
5/29/2020	(5,746.92)	
BAILEY LOGGING	(5,619.38)	
5/8/2020	(2,000.39)	
5/29/2020	(2,099.67)	
6/9/2020	(1,519.32)	
FAST WAY INC	(5,615.36)	
5/29/2020	(3,015.36)	
6/9/2020	(2,600.00)	
WESTERN TRANSPORT, LLC.	(5,534.97)	
6/4/2020	(2,227.68)	
6/9/2020	(3,307.29)	
ALASKA MARINE LINES	(5,350.31)	

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

6/9/2020	(5,350.31)
ROSS MACARTHUR	(5,237.46)
4/28/2020	(2,813.76)
5/29/2020	(1,566.30)
6/9/2020	(857.40)
LARRY F. JOHNSON	(5,213.20)
5/8/2020	(5,213.20)
VALMET INC.	(5,066.60)
5/29/2020	(305.60)
6/17/2020	(4,761.00)
DAWSON TRUCKING, INC.	(4,922.28)
5/8/2020	(2,118.06)
5/29/2020	(2,223.18)
6/9/2020	(581.04)
STANTON MCDANIEL	(4,791.68)
5/8/2020	(1,851.52)
5/29/2020	(2,940.16)
Cox Rebate	(4,791.13)
5/2/2020	(4,791.13)
COEUR D'ALENES CO	(4,564.80)
5/29/2020	(2,434.62)
6/2/2020	(433.24)
6/11/2020	(1,696.94)
NORTH COAST ELECTRIC CO	(4,497.27)
5/1/2020	(566.44)
5/4/2020	(850.74)
5/29/2020	(1,794.15)
6/9/2020	(1,285.94)
BNSF RAILWAY CO	(4,400.08)
5/8/2020	(2,085.79)
6/2/2020	(1,358.38)
6/9/2020	(955.91)
SHANE CAMPBELL TRUCKING	(4,367.86)
4/28/2020	(1,432.20)
6/4/2020	(2,589.30)
6/9/2020	(346.36)
DCT CHAMBERS TRUCKING LTD	(4,366.57)
5/8/2020	(4,051.45)
6/9/2020	(315.12)
TRINOOR LLC	(4,348.87)
5/29/2020	(4,348.87)
H&E EQUIPMENT SERVICES	(4,172.08)

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5/6/2020	(4,105.00)
6/9/2020	(67.08)
STIMSON LUMBER CO - ST. MARIES	(4,112.55)
5/29/2020	(1,934.40)
6/9/2020	(2,178.15)
VIGILANT SERVICES INC	(4,000.00)
5/1/2020	(2,000.00)
5/29/2020	(2,000.00)
MENDENHALL TIMBER INC	(3,925.98)
5/29/2020	(3,925.98)
BSP WAREHOUSING & DISTRIBUTION	(3,821.64)
4/28/2020	(1,321.64)
5/8/2020	(2,500.00)
KERSHAW'S INC.	(3,790.40)
5/1/2020	(57.81)
5/29/2020	(2,650.15)
6/9/2020	(1,082.44)
WISE LOGGING LLC	(3,580.64)
5/29/2020	(1,920.23)
6/9/2020	(1,660.41)
KAMAN INDUSTRIAL TECHNOLOGIES	(3,569.63)
5/29/2020	(2,848.68)
6/9/2020	(720.95)
HTXI CUTCO INC.	(3,539.64)
5/29/2020	(1,787.76)
6/9/2020	(1,751.88)
SKF USA INC	(3,500.00)
6/9/2020	(3,500.00)
ROGER & LYDIA GRIESEMER	(3,480.88)
5/8/2020	(3,480.88)
RAM TRUCKING	(3,462.50)
5/22/2020	(3,462.50)
AUSTIN KROGH	(3,346.97)
5/8/2020	(2,412.05)
6/9/2020	(934.92)
JUSTIN R.WISE	(3,209.40)
5/8/2020	(3,209.40)
ROSEMOUNT INC.	(3,130.89)
5/29/2020	(3,130.89)
SAFETY-KLEEN CORP	(3,027.72)
5/8/2020	(3,027.72)

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

GEMSTATE PARTNERS	(3,000.00)
5/29/2020	(3,000.00)
HACH CO	(2,996.87)
5/29/2020	(307.51)
6/9/2020	(2,689.36)
PEND OREILLE TELEPHONE CO	(2,982.57)
5/29/2020	(1,988.38)
6/9/2020	(994.19)
IDAHO DEPT OF LANDS	(2,971.35)
5/8/2020	(679.37)
5/29/2020	(1,215.67)
6/9/2020	(1,076.31)
EVAN HANEY	(2,914.48)
5/29/2020	(1,428.85)
6/9/2020	(1,485.63)
LAW OFFICES OF DAVID MEADOWS	(2,860.00)
6/11/2020	(2,860.00)
CONSTELLATION HOMEBUILDER SYST	(2,858.68)
6/1/2020	17,240.00
6/11/2020	(0.04)
6/26/2020	(20,098.64)
COLUMBIA ELECTRIC SUPPLY CO	(2,850.32)
5/29/2020	(172.32)
6/11/2020	(2,678.00)
KIP KREAGER	(2,784.00)
5/6/2020	(2,784.00)
METROPOLITAN LIFE INSURANCE CO	(2,763.11)
5/1/2020	(1,418.29)
5/29/2020	(1,344.82)
UNITED PARCEL SERVICE	(2,750.00)
5/29/2020	(1,700.00)
6/9/2020	(1,050.00)
BC MACHINERY INC.	(2,728.93)
5/29/2020	(663.00)
6/9/2020	(2,065.93)
TACOMA SCREW PRODUCTS, INC.	(2,658.87)
5/4/2020	(196.52)
5/8/2020	(213.98)
5/29/2020	(1,928.62)
6/9/2020	(319.75)
FINE LINE	(2,649.82)
5/1/2020	(485.98)

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5/29/2020	(2,163.84)
PARKSIDE PROPERTIES & FINANCE	(2,648.43)
5/29/2020	(2,099.67)
6/9/2020	(548.76)
RC POWERS, KLH LLC.	(2,548.78)
5/29/2020	(1,209.79)
6/9/2020	(1,338.99)
IDAHO STATE TAX COMMISSION	(2,451.49)
5/4/2020	(2,451.49)
OCCUPATIONAL HEALTH SOLUTIONS,	(2,430.00)
5/6/2020	(1,215.00)
6/9/2020	(1,215.00)
AKRE LOGGING	(2,281.79)
5/29/2020	(1,137.72)
6/9/2020	(1,144.07)
WEBECO LLC	(2,200.61)
5/8/2020	(2,200.61)
HARVEY MAY LOGGING	(2,089.27)
5/29/2020	(2,089.27)
WILLAM L. PETERSON	(2,000.39)
5/8/2020	(2,000.39)
KIWICO LLC	(1,984.05)
6/9/2020	(1,984.05)
BALDWIN INTERNATIONAL	(1,866.24)
5/29/2020	(1,866.24)
TRANE U.S. INC.	(1,806.34)
5/29/2020	(1,806.34)
ELJAY OIL CO INC	(1,738.46)
6/9/2020	(1,738.46)
CINTAS CORP #606	(1,631.16)
5/1/2020	(171.54)
5/8/2020	(428.36)
5/29/2020	(428.36)
6/9/2020	(602.90)
RAMON G. SAMS	(1,576.12)
6/9/2020	(1,576.12)
AT&T	(1,407.20)
5/29/2020	(875.94)
6/9/2020	(531.26)
BIG BUCKS TIMBERWORKS	(1,382.61)
5/29/2020	(1,382.61)

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AMWINS GROUP BENEFITS, INC.	(1,371.96)
5/29/2020	(1,371.96)
VENEER CHIP TRANSPORT, INC.	(1,300.00)
5/8/2020	(1,300.00)
INLAND FOREST MANAGEMENT INC	(1,276.36)
5/8/2020	(201.77)
5/29/2020	(796.02)
6/9/2020	(278.57)
CRS DATA SOLUTIONS	(1,226.41)
5/22/2020	(564.35)
5/29/2020	(662.06)
ARBON EQUIPMENT CORPORATION	(1,220.18)
5/29/2020	(1,220.18)
FORESTED HABITATS, LLC	(1,147.20)
6/9/2020	(1,147.20)
PONDERAY EMPLOYEE ASSOCIATION	(1,136.00)
5/1/2020	(149.50)
5/6/2020	(279.00)
5/29/2020	(279.00)
6/2/2020	(428.50)
TRAVIS J. KIEBERT	(1,120.33)
5/29/2020	(1,120.33)
BECHERINI SCALE CENTER INC	(1,111.99)
5/29/2020	(1,111.99)
DS SERVICES OF AMERICA, INC.	(1,067.81)
5/29/2020	(1,067.81)
DICK E BRADETICH	(1,046.08)
6/9/2020	(1,046.08)
SNAP-ON TOOLS	(1,040.44)
5/8/2020	(485.49)
5/29/2020	(554.95)
B & E ENTERPRISES	(1,010.00)
5/6/2020	(505.00)
6/4/2020	(505.00)
JOE HESTER	(1,001.92)
6/9/2020	(1,001.92)
NCASI	(1,000.00)
5/8/2020	(1,000.00)
WATSON-MARLOW INC	(970.76)
5/29/2020	(970.76)
WITHERSPOON KELLEY DAVENPORT &	(966.00)

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

6/9/2020	(966.00)
EDGE CONSTRUCTION SUPPLY	(920.70)
6/9/2020	(920.70)
LHT LLC	(916.04)
5/29/2020	(916.04)
R&L ENTERPRISES	(862.41)
6/9/2020	(862.41)
CLAUD GROVE TRUCKING	(857.08)
5/29/2020	(857.08)
KC LOGGING, INC	(842.56)
5/8/2020	(842.56)
SHAWN BUTLER LOGGING	(820.80)
5/8/2020	(820.80)
UNION PACIFIC RAILROAD	(820.80)
4/28/2020	(600.00)
5/1/2020	(220.80)
CHITWOOD ENTERPRISES	(777.41)
5/29/2020	(777.41)
JMF INC	(772.03)
5/29/2020	(363.14)
6/9/2020	(408.89)
LAGERS ET&M	(750.00)
6/11/2020	(750.00)
SPOKANE PUMP INC	(730.93)
5/8/2020	(730.93)
FEDEX	(729.37)
5/29/2020	(729.37)
AIRSAN CORP	(726.00)
5/8/2020	(726.00)
PACWEST MACHINERY LLC	(723.92)
6/9/2020	(723.92)
KAZ LOGGING INC.	(695.52)
6/9/2020	(695.52)
FORESIGHT FORESTRY	(673.92)
5/29/2020	(673.92)
DALE HIEBERT	(636.60)
6/9/2020	(636.60)
BTG AMERICAS INC	(630.70)
5/29/2020	(630.70)
UNITED CONVEYOR CORP	(629.09)
5/29/2020	(629.09)

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

LEBLOND, LTD	(596.03)
6/9/2020	(596.03)
JAMES ROSS LIMITED	(590.23)
5/29/2020	(590.23)
MACPHERSON INVESTMENT GROUP LL	(590.08)
5/8/2020	(590.08)
DELTA INDUSTRIES INC	(546.83)
5/29/2020	(546.83)
MEGGER	(466.00)
6/9/2020	(466.00)
DHL GLOBAL FORWARDING (CANADA)	(462.47)
4/28/2020	(462.47)
BECKWITH & KUFFEL	(441.42)
5/29/2020	(441.42)
DAVID DON CROSSLEY	(440.40)
5/29/2020	(440.40)
NORDSON CORP	(440.08)
5/6/2020	(440.08)
V ALEXANDER INT'L LOGISTICS GM	(424.20)
5/29/2020	(424.20)
PLATTCO CORPORATION	(411.40)
5/8/2020	(411.40)
SHERWIN WILLIAMS PAINT CO	(392.57)
5/4/2020	(137.66)
6/17/2020	(254.91)
GRAYWOLF TIMBERS LLC	(377.73)
5/29/2020	(102.67)
6/9/2020	(275.06)
MCMASTER-CARR	(377.61)
5/6/2020	(44.19)
6/9/2020	(333.42)
CLYDE INDUSTRIES INC	(359.23)
6/9/2020	(359.23)
VWR INTERNATIONAL INC	(355.83)
6/9/2020	(355.83)
AAPEX CONSTRUCTION INC	(345.00)
5/29/2020	(345.00)
INSIGHT DIRECT USA INC.	(333.28)
5/6/2020	(333.28)
CAROTHERS & SON LTD	(326.34)
5/29/2020	(326.34)

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

ENVIRONMENTAL RESOURCE ASSOCIA	(298.30)
5/29/2020	(298.30)
RANDOLPH MICHAEL STUART	(294.00)
5/29/2020	(294.00)
ENVIRONMENTAL MONITOR SERVICE	(284.30)
5/29/2020	(284.30)
FERGUSON ENTERPRISES INC	(275.80)
5/8/2020	(275.80)
PURCHASE POWER	(264.56)
5/29/2020	(264.56)
FIELD INSTRUMENTS & CONTROLS I	(264.31)
6/11/2020	(264.31)
FPRS payment 05/12	(241.01)
5/12/2020	(241.01)
GLI INTERNATIONAL - HACH CO	(203.25)
5/29/2020	(203.25)
NEWPORT VISION SOURCE PS	(200.00)
5/6/2020	(200.00)
NORTHSTAR CLEAN CONCEPTS	(190.07)
6/9/2020	(190.07)
WESTSIDE PIZZA	(188.07)
5/29/2020	(188.07)
PREMIER PARTY RENTALS	(187.00)
5/29/2020	(187.00)
ALLIED AUTO ELECTRIC	(185.50)
5/29/2020	(185.50)
ROTH LOGGING	(175.63)
5/29/2020	(175.63)
WALJO SHEARD LLC	(167.85)
5/8/2020	(167.85)
NEWPORT MINER	(164.26)
5/6/2020	(164.26)
HUCKLEBERRY HOMEOWNERS ASSOCIA	(163.90)
5/29/2020	(39.82)
6/9/2020	(124.08)
PARAMOUNT SUPPLY CO	(139.77)
5/29/2020	(139.77)
H&H EXPRESS	(132.01)
5/1/2020	(103.26)
5/22/2020	(28.75)
REXUS CORP	(119.00)

ATTACHMENT STATEMENT OF FINANCIAL AFFAIRS QUESTION 3

6/11/2020	(119.00)
MIKAH ENTERPRISE TRUST	(114.46)
5/29/2020	(114.46)
WESTERN STATES EQUIPMENT CO	(107.07)
5/4/2020	(107.07)
ARNETT INDUSTRIES, LLC	(105.75)
5/29/2020	(105.75)
NORLIFT INC	(105.60)
5/29/2020	(105.60)
DEPARTMENT OF LICENSING	(105.50)
5/8/2020	(105.50)
WILSON LOGISTICS, INC	(99.00)
5/29/2020	(99.00)
ELMER BROTHERS	(70.04)
5/29/2020	(70.04)
TOTAL FILTRATION SERVICES, INC	(61.11)
5/29/2020	(61.11)
DENNIS K URBAT	(30.33)
6/9/2020	(30.33)
ACTION AUTO SUPPLY INC	(30.11)
5/29/2020	(7.91)
6/9/2020	(22.20)
MOTION INDUSTRIES INC	(27.68)
5/29/2020	(27.68)
USI INCORPORATED	(21.41)
5/29/2020	(21.41)
STERICYCLE INC	(10.36)

Debtor paid employee compensation in the amount of \$4,292,297.49 and severance in the amount of \$3,880,507.25. Detailed payments will be provided to Trustee upon request.

United States Bankruptcy Court
Eastern District of Washington

In re **Ponderay Newsprint Company**

Debtor(s)

Case No. **20-01309**Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>60,000.00</u>
Prior to the filing of this statement I have received	\$	<u>60,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtor in any actions, contested matters, or adversary proceedings, including but not limited to relief from stay actions or avoidance actions.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 29, 2020

Date

/s/ Armand J. Kornfeld

Armand J. Kornfeld

Signature of Attorney

Bush Kornfeld LLP

601 Union St., Suite 5000

Seattle, WA 98101-2373

(206) 292-2110 Fax: (206) 292-2104

jkornfeld@bskd.com

Name of law firm

**United States Bankruptcy Court
Eastern District of Washington**

In re **Ponderay Newsprint Company**

Debtor(s)

Case No. **20-01309**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the President of the partnership named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 29, 2020**

/s/ Myron L. Johnson

Myron L. Johnson/President

Signer/Title